
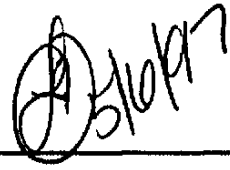



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
FILED 97 MAY -1 PM 1:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000000386 LONDON MANHATTAN PARTNERS (FLORIDA), L.C. 11670 N.E. 21ST DRIVE NORTH MIAMI FL 33187		1a. Principal Place of Business Address 11670 N.E. 21ST DRIVE NORTH MIAMI FL 33187
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>		
2. Principal Place of Business SAME	2a. Mailing Address	3. Date Organized or Qualified 04/03/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. State of Formation FL
City & State	City & State	4. FEI Number 65-0747733
Zip	Country	5. Date of Last Report
		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent SOUTH FLORIDA REGISTERED AGENTS, INC. 200 E. LAS OLAS BLVD. SUITE 1900 FT. LAUDERDALE FL 33301		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.		
SIGNATURE _____		DATE _____
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		
10. Title	Managing Members/Managers	Business Street Address
City, State and Zip Code		
MGR	METCALFE, BRENDAN	11670 N.E. 21ST DR.
MGR	TAYLOR, CHRIS	11670 N.E. 21ST DR.
		NORTH MIAMI FL
		NORTH MIAMI FL
		100002169171--1 -05/07/97--01044--020 ****203.75 ****203.75
		
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.		
SIGNATURE: 		4/29/97 (305) 892-9712
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>