


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 MAR -5 AM 11:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA CARRUTH ASSOCIATES
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 4055, L.C. 4055 N.W. 97TH AVNUE MIAMI FL 33178		DOCUMENT # L96000000430	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip * Country		1a. Principal Place of Business Address 4055 N.W. 97TH AVNUE MIAMI FL 33178	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 04/18/1996 4. FEI Number 65-0659623 5. Date of Last Report	
		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> SB 7 - Additional Fee Required	
7. Name and Address of Current Registered Agent BOREN, BARRY M ESQ. 9200 S. DADELAND BLVD. SUITE 412 MIAMI FL 33156		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
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 reappointing)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	CORRADINO, JOSEPH M	275 BRYN MAWR AVE. APT. N-	BRYN MAWR PA
MEM	CORRADINO, JOSEPH C	200 S. 5TH ST. SUITE 300 N	LOUISVILLE KY
MEM	CORRADINO, NICOLE A	1509 PEACH AVENUE 300 N	CAPE MAY NJ
MEM	MCMORRAN, CARLA	5725 GREEN OAK 300 N	LOS ANGELES CA
MEM	BOREN, BARRY M	9200 S. DADELAND BLVD. SUI	MIAMI FL
MEM	JACOBSON, CHRISTOPHER	3250 GRANADA BLVD.	CORAL GABLES FL
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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: _____		2/28/97 (305) 594-0735	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>	