


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. ** Reinstatement **

LIMITED LIABILITY COMPANY 1997- 2000 ANNUAL REPORT REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILED *LR 4/3*
00 APR -3 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
-----------------------------	---

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000511 MELLON/STONE CAPITAL GROUP, L.C. 10450 Doral Boulevard Miami, Florida 33178
--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	---

1a. Principal Place of Business Address	
3. Date Organized or Qualified 05/08/96	3a. State of Formation Florida
4. FEI Number 65-0662769	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$9.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office Name Peter G. Gruber, P.A. Street Address (P.O. Box Number is Not Acceptable) 9100 South Dadeland Boulevard Suite, Apt. #, etc. Suite 910 City Miami Zip Code FL 33156
--

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 *Peter G. Gruber* DATE *3/29/00*
(Independent Agent Accepting Appointment) (R.O.U., Independent Agent (signature required when sole agent))

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	J. PORTER BARTON	10450 Doral Boulevard	Miami, FL 33178
MGRM	BENJAMIN J. BARTON	10450 Doral Boulevard	Miami, FL 33178

REINSTATEMENT *19 97-2000*
200003197022--9
-04/05/00--01077--003
****300.00 ****300.00

11. I do hereby certify that the information supplied with this form 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: *J. Porter Barton* *MGR.*