

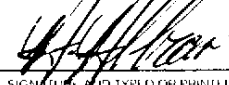


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED APR 28 PM 5:00 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 # L96000000530 ALBERANI ASSOCIATES, L.C. 1524 S.W. 12 CT. FT. LAUDERDALE FL 33312			1a. Principal Place of Business Address 1524 S.W. 12 CT. FT. LAUDERDALE FL 33312		
2. Principal Place of Business 1515 E. BROWARD BLVD Suite, Apt. #, etc. 403 City & State FT. LAUDERDALE, FL Zip 33301 Country USA		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 05/07/1996	3a. State of Formation FL
		4. FEI Number 65-0570109		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report 02/26/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent TARKOE, CLINTON M 1040 BAYVIEW DRIVE SUITE 420 FT LAUDERDALE FL 33304			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002868285 Suite, Apt. #, etc. -05/07/99--01141--008 ****188.75 ****188.75 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)					DATE _____
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ALBERANI, ALAN	1524 S.W. 12 CT. 1515 E. Broward Blvd #403 Ft. Lauderdale, FL 33301		FT LAUDERDALE FL 	
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:  ALAN ALBERANI 4/20/99 954-763-4784					