


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	
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 WEB HOME EXCHANGE, LLC 7331 SOUTHWEST 116 STREET MIAMI FL 33156		DOCUMENT #L96000000625	
1a. Principal Place of Business Address 7331 SOUTHWEST 116 STREET MIAMI FL 33156		3. Date Organized or Qualified 06/06/1996	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country	
7. Name and Address of Current Registered Agent CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		5. Date of Last Report FL	
8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	AGURCIA, ANABELLE	7331 SOUTHWEST 116 STREET	MIAMI FL
MGRM	CORDIER, BRIGITTE	3685 BATTERSEA ROAD	MIAMI 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: <u>BRIGITTE CORDIER</u>		4/22/97 (305) 6689581	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	

FILED

97 MAY -5 PM 12:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

300002178933--1
-05/14/97--01114--006
******203.75 ****203.75**