


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

**APPROVED
AND
FILED**

1997 APR 14 AM 8:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 DOCUMENT # L96000000688 MN & ASSOCIATES, L.C. C/O CHRISTINE R. ENGELMAIER 1200 N FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432		1a. Principal Place of Business Address C/O CHRISTINE R. ENGELMAIER 1200 N FEDERAL HIGHWAY SUITE BOCA RATON FL 33432	
<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 5830 NW 25th Terrace Suite, Apt. #, etc. City & State Boca Raton, FL Zip 33496		2a. Mailing Address 5830 NW 25th Terrace Suite, Apt. #, etc. City & State Boca Raton, FL Zip 33496	
3. Date Organized or Qualified 06/25/1996		3a. State of Formation FL	
4. FEI Number 65-0679454		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent ENGELMAIER, CHRISTINE R JR RAYMOND & RAYMOND, P.A. 1200 N FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432		8. Name and Address of New Registered Agent Name Thomas F. Kloberg Street Address (P.O. Box Number is Not Acceptable) 5830 NW 25th Terrace Suite, Apt. #, etc. City Boca Raton, FL Zip Code 33496	
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 <i>Thomas F. Kloberg</i> DATE April 10, 1997 <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	KLOBERG, THOMAS F	1200 N FEDERAL HIGHWAY STE	BOCA RATON FL
MEM	KLOBERG, THOMAS F	1200 N FEDERAL HIGHWAY STE	BOCA RATON FL
MEM	KLOBERG, NANCY	1200 N FEDERAL HIGHWAY STE	BOCA RATON FL
			600002143916--5 -04/15/97--01080--006 ****203.75 ****203.75 4/16/97
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: <i>Thomas F. Kloberg</i> April 10, 1997 (561) 368-2151 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #</small>			