




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 TEC PROPERTIES L.C. 250 CATALONIA AVENUE STE 305 CORAL GABLES FL 33134		DOCUMENT # L96000000698	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 250 CATALONIA AVENUE STE 305 CORAL GABLES FL 33134 3. Date Organized or Qualified 3a. State of Formation 06/26/1996 FL 4. FEI Number <input type="checkbox"/> Applied For 65-0707737 <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired _____ FL <input type="checkbox"/> <small>See 2b. Additional Fee Required</small>	
7. Name and Address of Current Registered Agent CHIALASTRI, THOMAS 250 CATALONIA AVENUE STE 305 CORAL GABLES FL 33134		8. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. 1000002158601-008 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 _____	
(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	CHIALASTRI, CARLOS	250 CATALONIA AVENUE STE 3	CORAL GABLES FL
MGRM	CHIALASTRI, THOMAS	250 CATALONIA AVENUE STE 3	CORAL GABLES FL
MGRM	NARDI, EZIO	250 CATALONIA AVENUE STE 3	CORAL GABLES 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) (f), 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:  Thomas Chialastri		April 21, 1997 Date 305-441-0040 Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			