


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 22 PM 2:13

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000698</b>  <b>PEC PROPERTIES L.C.</b> <b>250 CATALONIA AVENUE STE 305</b> <b>CORAL GABLES FL 33134</b>
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1a. Principal Place of Business Address  <b>250 CATALONIA AVENUE STE 305</b> <b>CORAL GABLES FL 33134</b>
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2 Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	3. Date Organized or Qualified <b>06/26/1996</b>	3a. State of Formation <b>FL</b>
		4. FEI Number <b>65-0707737</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report <b>05/01/1998</b>	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  <b>CHIALASTRI, THOMAS</b> <b>250 CATALONIA AVENUE STE 305</b> <b>CORAL GABLES FL 33134</b>	8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code
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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) (FEE: Registered Agent Signature Required When Filing)

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

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\*\*\*\*188.75 \*\*\*\*188.75

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: Thomas Chialastri THOMAS CHIALASTRI 4/20/99 305-441-0040