File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY



## FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE

ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS			98 FEB 26 PM 1:59							
\$488		j		. 50 50	rm ja	59							
1. Name and Malling Address of Limited Liability Company  DOCUMENT # L960  HAVANA AT LOEHMANN'S, LIMITED,							1a. Principal Place of Business Address						
2485 E. SUNRISE BLVD. SUITE 202 FORT LAUDERDALE FL 33304							18833 BISCAYNE BLVD. SPACE 190 AVENTURA FL 33180						
2. Principal Place of Business 2a. Mailin				ing Address			3. Date Organized or Qualified			3a. State of Formation			
Suite, Apt. #, etc. Suite,			Sulte, Ar	upt. #, etc.			07/03/1996 4. FEI Number			FL Applied For			
City & State City				ate		<b>├</b> ──					Applicable		
Zip	Country Zi		Zip	Z <sub>i</sub> p Cc		ry	5. Date of Last Report			6. Certificate of Status Desired  S8 /5 Additional Lee Required			
	2 44			A marid	<u></u>	r	L 05/0					السبا والمست	
7. Name and Address of Current Registered				Agent		Name	ddress	s of New Registered Agent/Office					
GALGANO, FRANK J 2485 E SUNRISE BLVD SUITE 202 FORT LAUDERDALE FL 33304					Street Address (F Suite, Apt. #, etc.	O. Box Number is Not Acceptable)							
				City			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								DATE					
10. Title	Managing Members/Managers				ss Street Address				State and Zip Code				
MEM MEM	GALGAN	l	NRISE BLV		20								
	WAGNER, KENNETH			22527 VISTA WOODWAY					FORT L				
MEM (	MINTZ,	2485 E	NRISE BLV	D STE	20	FORT L	AUDER	DALE	FL				
							IJ	909	10024 -03/10/ ****18	′93~ -01	i 039(	)02	
e						· · · · · · · · · · · · · · · · · · ·							

11. Ido 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 ball my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the Ilmited 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: