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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

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FILING \$ 188		ual Report \$10 ike Check Paya							•	•
1. Name	and Mailing Ad ted Liability Co									
2500000002							1a. Principal Place of Business Address			
	10 6 0 SE	OSCOPE AR PANISH RIV ATON FL 3	VER RD	1060 SPANISH RIVER RD BOCA RATON FL 33432						
2. Principal Place of Business 2a. Maili			ng Address			3. Date Organiz	ed or Qualified	3a. State of	Formation	
Sulte, Apt. #, etc.			Suite, Ap	ite, Apt. #, etc.			08/01/1 4. FEI Number	996	FL T	Applied For
City & State			City & Sta	City & State			65-0685	5711	<u> </u>	Not Applicable
Zip	Country		Zip	Coun		у	5. Date of Last Report		6. Certificate of Status Desired 88.75 Additional Fee Required	
7. Name and Address of Current Registered			Agent	Ь	6)	04/11/1		tored Agentif	Yttion	
						Name and Address of New Registered Agent/Office Name				
1060 BOCA	RATON	SH RIVER I FL 33432			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code Drida Statutes, the above-named limited liability company submits this statement for the purposit					alt
its register	e d office or reg	sions of Sections 608 istered agent, or both accept the obligation	, in the State of Flor	Florida Statut ida. Such char	les, the at nge was a	oove-named limited uthorized by affirmat	liability company s iive vote of a majori	ubmits this state ty of the member	ement for the p rs. I hereby acc	urpose of changing ept the appointment
SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)								DATE		
(Registered Agent Accepting Appointment) (NOTE Regis 10. Title Managing Members/Managers					gont signature	required when reinstating	City State and Tim Code			
10. 1110	10. Title Managing Members/Managers			Business Street Address			City, State and Zip Code			Code
j					SPAN:	ISH RIVER	RD	BOCA RATON FL		
MGRM	MILLER	R, NANCY	V	1060	SPAN:	ISH RIVER	RD	BOCA F	RATON F	'L
							50	7000; -05/j ****	2522 3/980 168.75	475 1112006 ****188.75
l	<i>[</i>									

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. If urther 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.