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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS



| 1997 MAR | 4 AH 10: 27

	193	91	4	STEED .	DiAK	SION OF L	CORP	DRATIONS	1214 111111		***			
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee									SECRETARY OF STATE					
\$ 203	.75 M and Mailing A				7111 17117-171				IALLAHAS	05EE.FE0	KIUA			
of Limi	ited Liability C	Company	DOC	JMEN.	#i_:	96000	000							
Ū	NION A	TLANTI	C, Ic		Γ	1a. Principal Place of Business Address								
C/O WLMC REGISTERED AGENTS, INC.									C/O WLMC REGISTERED AGENTS, I					
701 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131									/01 BRICKELL AVENUE, SUITE 20 MIAMI FL 33131					
MINNI LB JOLOL										33731				
	mailing address		ny way, line th		ct Inform		ter corre	ction in Block 2a.	3. Date Organia	zed or Qualified	3a St	ate of Forma	tion	
2. Thropart lace of basiness					Withing Modress									
Suite, Apt. #, etc. Suite					Apt. #, etc.				4. FFI Number					
City & State City					y & State				65-0687488 Applied For				<u>. </u>	
ony a orac				0.1, 0.	Sidio			5. Date of Last Report				لبسبا	ot Applicable	
Zψ		Country		Zip		(Country	′	5. Date of Last	нероп	1	dditional Fee	atus Desired	
												····	Assignment	
7. Name and Address of Current Registered Agent								Name	Name and Add	dress of New I	Registered	Agent		
WIMC REGISTERED AGENTS, INC.						i								
701 BRICKELL AVENUE SUITE 2000							Street Address (P.O. Box Number Is Not Acceptable)							
MTAMI Fh 33131						Sulte, Apf. #,			etc.					
						City						Zip Code		
O Diversion	ant to the pro-	visions of Cos	tions 600 444	Cond COD EC	OD Clark	o Ctatutas	the ab	nus named limited to	hith company	FI		the numer	of phonoing	
its registe	red office or re	egistered ager	nt, or both, in t					ove-named limited lia thorized by affirmativ						
as registe	ered agent, an	id accept the	obligations.											
SIGNATURE [Fiegistered Agent Accepting Applicationent] (NOTE Registered Agent signature required wh									DATE					
10. Title Managing Members/Managers						· E	Busines	s Street Address		ity, State and Zip Code				
MEM	GENESI	S PART	'NERS,	INC.	701	BRIC	KEL:	L AVENUE,	SUITE	MIAMI I	FL			
MEM	AM MET	HONEY	D/B/A	HI,	701	BRIC	KEL:	L AVENUE,	SULTE	MIAMI I	FL			
					İ				80	0002 -03/1:	1118 9/97	3216 01096-	35 -021	
	1				1					****	203.75	***	203.75	
•														
]												0 ~	
										1		· C	N Part	

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. Ifurther 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:

SIGNATURE AND TYPED OR PHINTLD NAME OF SIGNING MANAGING MEMBER OR MANAGER

14/9 / 3053/40