Limited Liability Company Will Be Dissolved On Or

2na	NOTICE: After O	ctober 8, 199 Reinstate: \$	7. If Dissolve 703.75	d, Minimum Amount	t _		
	D LIABILITY COMPANY ANNUAL REPORT 1997		Sandra Secre	ARTMENT OF STATE B. Mortham stary of State F CORPORATIONS	FILED 97 AUG 25 PM 1:11		
	FEE Annual Report \$100.00 +						
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCLIMENT #					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #1,9600000892							
					1a. Principal Place of Business Address 16722 SW 101 AVENUE		
MIAMI FL 33157					MIAMI FL 33157	:	
ff above r	malling address is incorrect in any way, it oal Place of Business		et information and a illing Address		3. Date Organized or Qualified 3a. State of F.	ormation	
		20	547 012	.Cutler Road	08/22/1996 FL		
Suite, Apt	. #, etc.	I	ife.		4. FEI Number Applied For		
City & Sta	ite	City & S		1	LE NO UD	<u>'</u>	
			iami, F		5. Date of Last Report 6. Certificate of	Not Applicable Status Desired	
Ζίρ	Country	Zip	189	USA	N/A \$8.75 Additional		
	7. Name and Address of C				8. Name and Address of New Registered Agent		
Sulte, Apt. #, etc. City Dom FL 33157 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 agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Libereby accept the appointment as registered agent and accept the obligations SIGNATURE DATE PL Zip Code 33157 DATE DATE							
10. Title	Managing Members/Ma	anagers (Business Street Address	City, State and Zip C	ode	
MGR	KILPATRICK, SHA	LPATRICK, SHARON L 16722 SW 101 AVENU			E MIAMI FL		
					2000022770; -08/26/97010 ****588.75 **	22 4 11-025 ***\$88.75	
indicated of limited liab	on this annual report is true and acc	curate and that my	signature shall ha	ave the same legal effect as	ection 119.07(3) (i), Florida Statutes. I further certify the s if made under oath; that I am a managing member of 608, Florida Statutes; and that my name appears in E	or manager of the	