

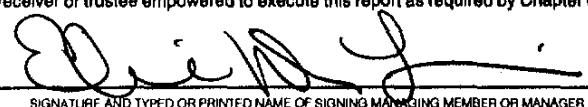


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 MAY -1 PM 12: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000000895 STONELEDGE CONSERVATION & MASTER FRAMING, L.C. 446A VILLAGE AT BEDMINSTER, ROUTE 206 BEDMINSTER NJ 07921		1a. Principal Place of Business Address 343 ALMERIA AVENUE CORAL GABLES FL 33134		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
2. Principal Place of Business Suite/Apt. #, etc. City & State Zip Country		2a. Mailing Address 12300 N. 1st AVE Suite/Apt. #, etc. U.S. City & State Palm Beach Gardens FL Zip 33410 Country USA		3. Date Organized or Qualified 08/22/1996 4. FEI Number 65-0689903 5. Date of Last Report
		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> See Additional Fee Required		
7. Name and Address of Current Registered Agent AMERILAWYER CHARTER, D 343 ALMERIA AVENUE CORAL GABLES FL 33134		8. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGRM	LEWIS, ELAINE D	343 ALMERIA AVENUE	CORAL GABLES FL	
MGRM	ERAZO, GUILLARMO	343 ALMERIA AVENUE	CORAL GABLES FL	
			400002169654--3 -05/07/97--01075--007 ****203.75 ****203.75 	
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: 		4/28/97 82.064.2911 <small>Signature and Typed or Printed Name of Signing Managing Member or Manager Date Daytime Phone #</small>		