


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	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000001040			
TRI-CITY BROKERAGE OF THE SOUTHEAST, L.C. 1601 FORUM PLACE SUITE 700 WEST PALM BEACH FL 33401		1a. Principal Place of Business Address 1601 FORUM PLACE SUITE 700 WEST PALM BEACH FL 33401			
2. Principal Place of Business 1601 Forum Place Suite, Apt. #, etc. Suite 700 City & State West Palm Beach, FL Zip 33401		2a. Mailing Address 1601 Forum Place Suite, Apt. #, etc. Suite 700 City & State West Palm Beach, FL Zip 33401		3. Date Organized or Qualified 10/03/1996 3a. State of Formation FL 4. FEI Number 94-3252573 5. Date of Last Report 05/01/1997	
7. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301		6. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 700002462687--4 -03/19/98--01112--043 Suite, Apt. #, etc. ****188.75 ****188.75 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	WOODS, LOTI	1601 FORUM PLACE, SUITE 70		WEST PALM BEACH FL	
MGRM	TRI-CITY BROKERAGE, IN	50 CALIFORNIA ST., SUITE 2		SAN FRANCISCO CA	

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:

Loti C. Woods

5-10-98

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

Date

Daytime Phone #