
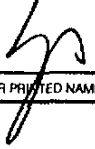


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham GOVERNOR DIVISION OF CORPORATIONS		FILED 97 MAY -7 PM 2:01 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 # L96000001045 ASSOCIATES HOLDING GROUP, L.C. 2 SOUTH UNIVERSITY DRIVE SUITE #220 PLANTATION FL 33324-3335		1a. Principal Place of Business Address 2 SOUTH UNIVERSITY DRIVE SUITE #220 PLANTATION FL 33324			
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 Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/03/1996 3a. State of Formation FL 4. FEI Number 65-0701092 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report NEW 6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent WEINBERG, STEVEN A 8000 PETERS ROAD 2ND FLOOR PLANTATION FL 33324			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	KARP, MICHAEL C	2 SOUTH UNIVERSITY DRIVE #		PLANTATION FL	
MEM	ODEN, ROBERT	2 SOUTH UNIVERSITY DRIVE #		PLANTATION FL	
MEM	FARBER, HOWARD	2 SOUTH UNIVERSITY DRIVE #		PLANTATION FL	
MEM	MARKELS, ALLAN	2 SOUTH UNIVERSITY DRIVE #		PLANTATION FL	
				8000002178448--5 -05/14/97--01090--003 ****203.75 ****203.75 JB 5-13-97	
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: 		Michael C. Karp President		2.12.97 954-474-9700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	