
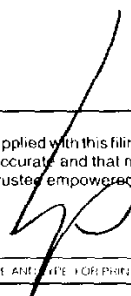


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 23 PM 5:00 SECRETARY OF STATE	
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 # 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			
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 4. FEI Number 65-0701092 5. Date of Last Report 02/23/1998	
3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 8000002859269--01 -04/30/99--01136--013 City FL ****188.75 ****188.75		
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/Accounting Agent/Secretary/Officer/Registered Agent/Signatures required with consent of the company)</small>					
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		
					
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		(954) 474-9700	