


LIMITED LIABILITY COMPANY ANNUAL REPORT 1999


 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L96000001090

2 Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company has changed its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of the members of the limited liability company, and the undersigned, as registered agent, and accept the obligations.

SIGNATURE _____
(The undersigned Agent, Accepting Appointment to (608) Florida Statutes, and being duly sworn to do so, deposes and says that the foregoing is true and correct.)

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 13 of the Securities Exchange Act of 1934, and that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if I were the duly authorized officer or director of the issuer, a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 13 of the Securities Exchange Act of 1934, and that I am not a party to any attachment with an address.

SIGNATURE: Joseph Schutte

(Signature must be in ink, printed name must be legible. Do not sign with a stamp, a rubber stamp, a facsimile signature, or a signature made by a computer.)

3. Date Organized or Qualified 10/14/1996	3a. State of Formation FL
4. FEI Number 65-0703067	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 03/05/1998	6. Certificate of Status Desired \$875 Additional Fee Required <input type="checkbox"/>

DATE _____

Section 119 07(3) (i), Florida Statutes. I further certify that the information I made under oath that I am a managing member or manager of the 508, Florida Statutes, and that my name appears in Block 10, or on an

3/20/99 502-423-9900

Date Signature Print Name