


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 AM 9:53	
SECRETARY OF STATE TALLAHASSEE, FLORIDA		<i>mwb</i>	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L96000001109	
1536 NW 36TH ST, L.C. 419 WEST 49TH STREET, #106 HIALEAH FL 33012-3602		1a. Principal Place of Business Address	
419 WEST 49TH STREET, #106 HIALEAH FL 33012		419 WEST 49TH STREET, #106 HIALEAH FL 33012	
<small>- If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>		3. Date Organized or Qualified	
2. Principal Place of Business		10/16/1996	
2a. Mailing Address		3a. State of Formation	
Suite, Apt. #, etc.		FL	
City & State		4. FEI Number	
Zip		65-0704518	
Country		5. Date of Last Report	
Zip		6. Certificate of Status Desired	
Country		SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
7800 NE 2ND AVE, L.C. 419 WEST 49TH STREET, #106 HIALEAH FL 33012		Name	
419 WEST 49TH STREET, #106 HIALEAH FL 33012		Street Address (P.O. Box Number is Not Acceptable)	
419 WEST 49TH STREET, #106 HIALEAH FL 33012		Suite, Apt. #, etc.	
419 WEST 49TH STREET, #106 HIALEAH FL 33012		City	
419 WEST 49TH STREET, #106 HIALEAH FL 33012		Zip Code	
419 WEST 49TH STREET, #106 HIALEAH FL 33012		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 _____ 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	
MEM		RJR ENTERPRISES, LLC	
MGR		FISHER, RONALD P	
MGR		FISHER, JAMES Q	
MGR		FISHER, RICHARD J	
419 WEST 49TH STREET, #106 HIALEAH FL 33012		419 WEST 49TH STREET, #106 HIALEAH FL 33012	
1801 CENTURY PARK EAST, #2⁴⁰⁰		LOS ANGELES CA 90067	
1801 CENTURY PARK EAST, #2⁴⁰⁰		LOS ANGELES CA 90067	
1801 CENTURY PARK EAST, #2⁴⁰⁰		LOS ANGELES CA 90067	
1801 CENTURY PARK EAST, #2⁴⁰⁰		LOS ANGELES CA 90067	
000002171910--9			
-05/08/97--01118--035			
****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: <i>James Q. Fisher</i>		JAMES Q. FISHER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		3/10/97 3055566627	
Date		Daytime Phone #	