

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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR -6 PM 2:28

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #</b> L96000001128  A.J.R. REALTY L.C. <del>2145 NE 204TH STREET</del> <del>N MIAMI BEACH FL 33179</del>
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1a. Principal Place of Business Address  <del>2145 NE 204TH STREET</del> <del>N MIAMI BEACH FL 33179</del>
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2. Principal Place of Business <del>8231 Muirhead Circle</del> Suite, Apt. #, etc.  City & State <del>Boynton Beach, FL</del> Zip <del>33437</del>	2a. Mailing Address <del>8231 Muirhead Circle</del> Suite, Apt. #, etc.  City & State <del>Boynton Beach FL</del> Zip <del>33437</del>
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3. Date Organized or Qualified 10/21/1996	3a. State of Formation FL
4. FEI Number 65-0704253	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 02/10/1997	6. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required

7. Name and Address of Current Registered Agent  PINKWASSER, ALAN <del>2145 NE 204TH STREET</del> <del>N MIAMI BEACH FL 33179</del>
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8. Name and Address of New Registered Agent/Office Name ALAN PINKWASSER Street Address (P.O. Box Number is Not Acceptable) 8231 Muirhead Circle Suite, Apt. #, etc.  City Boynton Beach FL Zip Code 33437
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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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PINKWASSER, ALAN	<del>8231 Muirhead Circle</del> <del>2145 NE 204TH STREET</del>	Boynton Beach, FL 33437 <del>N MIAMI BEACH FL</del>
MEM	WITTLES, JERRY	<del>8231 Muirhead Circle</del> <del>2145 NE 204TH STREET</del>	Boynton Beach FL 33437 <del>N MIAMI BEACH FL</del>
MEM	DON, RONALD E	<del>8231 Muirhead Circle</del> <del>2145 NE 204TH STREET</del>	Boynton Beach FL 33437 <del>N MIAMI BEACH FL</del>

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\*\*\*\*188.75 \*\*\*\*188.75

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:  2/27/98 561 736-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #