


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 99 MAR 12 PM 1:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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 # 196000001170 KEENAN DELRAY, L.C. 1500 N.W. 49TH STREET SUITE 500 FORT LAUDERDALE FL 33309		1a. Principal Place of Business Address 1500 N.W. 49TH STREET SUITE 500 FORT LAUDERDALE FL 33309		
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 11/07/1996
		3a. State of Formation FL		4. FEI Number 65-0731461
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 03/27/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent BOYLE, CONRAD J ESQ MOMBACH, BOYLE & HARDIN, P.A. 500 E. BROWARD BLVD, STE 1950 FORT LAUDERDALE FL 33394			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 700002814387 Suite, Apt. #, etc. 03/22/99-01148-019 ****188.75 ****188.75 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 _____			DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when changing office)				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGR	CHYNOWETH, DALE	1500 N.W. 49TH ST, STE 500		FORT LAUDERDALE FL
MGR	KEENAN, WILLIAM	1500 N.W. 49TH ST, STE 500		FORT LAUDERDALE 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: <i>Keenan Delray L.C.</i>		Feb 19/99		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER TO BE PRINTED IN BLOCK 10 OR ON AN ATTACHMENT WITH AN ADDRESS				