


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

1997 JUL 21 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	---

1. Name and Mailing Address of Limited Liability Company MNGC REALTY, L.C. % R. DANIEL MAYS 18135 S.W. 92ND COURT MIAMI FL 33157	DOCUMENT # L96000001208
--	--------------------------------

1a. Principal Place of Business Address % R. DANIEL MAYS 18135 S.W. 92ND COURT MIAMI FL 33157

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 6401 Kendale Lakes Dr Suite, Apt. #, etc.	2a. Mailing Address 6401 Kendale Lakes Dr Suite, Apt. #, etc.	3. Date Organized or Qualified 1/19/1996	3a. State of Formation FL
City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0741540	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33183	Country USA	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> Sub 75 Additional Fee Required

7. Name and Address of Current Registered Agent MAYS, R. DANIEL 18135 S.W. 92ND COURT MIAMI FL 33157	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--	--

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	MAYS, R. DANIEL	18135 S.W. 92 COURT	MIAMI FL
MGRM	GARCHIK, STEPHEN J	9605 SOTWEED DRIVE	POTOMAC MD

200002250352--6
-07/29/97--01047--003
****407.50 ****203.75

[Signature]
7/21/97

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date _____ Daytime Phone # _____