

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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 MAR 12 PM 12:33

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

1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT # L96000001228</b>  ECIB PALM BEACH LLC 313 1/2 WORTH AVE PALM BEACH FL 33480
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1a. Principal Place of Business Address  313 1/2 WORTH AVE PALM BEACH FL 33480
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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  11/22/1996	3a. State of Formation  FL
		4. FEI Number  65-0716000	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report  03/02/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET NORTH MIAMI BEACH FL 33162	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City      Zip Code <div style="text-align: right;"><b>FL</b></div>
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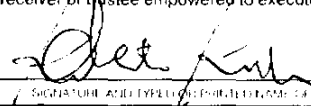
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of 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's signature is printed when a check is filed)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	RUGGERI8, ROBERTO	3 EAST 54TH ST., SUITE 126	NEW YORK NY
MEM	SA, DELANEY	4, BOULEVARD ROYAL, B.P.	L-2017 LUXEMBOURG
MEM	SA, SALER	4, BOULEVARD ROYAL, B.P.	L-2017 LUXEMBOURG

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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:  3/3/99 11-1533570