


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 MAY 10 AM 10:50 <i>with 5/12</i>													
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>															
1. Name and Mailing Address of Limited Liability Company <b>DINKS, L.C.</b> <b>4460 N. FEDERAL HWY.</b> <b>LIGHTHOUSE FL 33064</b>		<b>DOCUMENT # L96000001247</b>															
2. Principal Place of Business <i>2412 SE 13th Ct</i>		2a. Mailing Address <i>2412 SE 13th Ct</i>		1a. Principal Place of Business Address <b>4460 N. FEDERAL HWY.</b> <b>LIGHTHOUSE FL 33064</b>													
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3. Date Organized or Qualified <b>11/27/1996</b>													
City & State <i>Pompano Beach FL</i>		City & State <i>Pompano Beach FL</i>		3a. State of Formation <b>FL</b>													
Zip <i>33062</i>		Country <i>Broward</i>		4. FEI Number <b>65-0745308</b>													
Zip <i>33062</i>		Country <i>Broward</i>		5. Date of Last Report <b>08/19/1998</b>													
7. Name and Address of Current Registered Agent <b>MORTE, VICTOR G</b> <b>2412 SE 13TH CT.</b> <b>POMPANO BEACH FL 33062</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code															
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.																	
NATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when first filing)</small>																	
<table border="1"> <thead> <tr> <th>10. Title</th> <th>Managing Members/Managers</th> <th>Business Street Address</th> <th>City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>LAMORTE, VICTOR G</td> <td>2412 SW 13TH CT.</td> <td>POMPANO BEACH FL</td> </tr> <tr> <td>MGRM</td> <td>LAMORTE, DONNA M</td> <td>2412 SW 13TH CT.</td> <td>POMPANO BEACH FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	LAMORTE, VICTOR G	2412 SW 13TH CT.	POMPANO BEACH FL	MGRM	LAMORTE, DONNA M	2412 SW 13TH CT.	POMPANO BEACH FL
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code														
MGRM	LAMORTE, VICTOR G	2412 SW 13TH CT.	POMPANO BEACH FL														
MGRM	LAMORTE, DONNA M	2412 SW 13TH CT.	POMPANO BEACH 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.																	
<b>SIGNATURE:</b> <i>[Signature]</i> <b>4-15-99</b> <b>(954) 942-7780</b>																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date: Digitize File #</small>																	