


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

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

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

97 MAR 20 PM 12:26

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000001252

METROPOLITAN CONSTRUCTION SERVICES, L.C.
3220 MONET DRIVE
PALM BEACH GARDENS FL 33410

1a. Principal Place of Business Address

3220 MONET DRIVE
PALM BEACH GARDENS FL 33410

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

2. Principal Place of Business 3220 MONET DR W. Suite, Apt. #, etc. PALM BEACH GARDENS City & State FL Zip 33410	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country V.S.
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3. Date Organized or Qualified 12/02/1996	3a. State of Formation FL
4. FEI Number 65-0717543	
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

BYRD, BARRY B
4100 RCA BLDG., SUITE 100
PALM BEACH GARDENS FL 33410

8. Name and Address of New Registered Agent

Name
IRWIN SHIPPER

Street Address (P.O. Box Number is Not Acceptable)
3220 MONET DR W

Suite, Apt. #, etc.

City
PALM BEACH GARDENS

Zip Code
FL 33410

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: *Irwin Shipper* DATE: _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	SHIPPER, IRWIN	3220 MONET DRIVE W.	PALM BEACH GARDENS FL
MEM	SHIPPER, DAVID	3220 MONET DRIVE W.	PALM BEACH GARDENS FL

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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: *Irwin Shipper* Date: _____ Designation: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER