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

FILED

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				Sandra Secre	B. Mo etary of S		97 FEB 10 PM 1: 44			
FILING \$ 203 1. Name of Lim	FEE A	nnual Report \$100.00 heck Payable To	97 FEB TO SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA							
6 H	CLAUDICA, 806 SOUTH HOLLYWOOD	L.C. DIXIE HIGH FL 33020	HWAY .		1a. Principal Place of Business Address  806 SOUTH DIXIE HIGHWAY  HOLLYWOOD FL 33020					
	mailing address is incorr oal Place of Business		2a. Mailing A	Information and enter correction in Block 2a.  ng Address			3. Date Organi:	zed or Qualified	3a. State	of Formation
Suite, Apt	I. #, etc.		Suite, Apt. #, e	ot. #, etc.			11/25/1996 4. FEI Number		FL	
City & State			City & State				65-07/4/2/			Applied For  Not Applicable
Zip	Cou	ntry	Zip		Country	у	5. Date of Last Report			and her Required
	7. Name and	Address of Current R	egistered Age	nt	<u>.l</u>		8. Name and Add	dress of New Re	glatered Ag	ent
9. Pursui	ant to the provisions or red office or register) ared agent, and accepting	of Sections 608.416 and	d 608.508, Flor State of Florida.	uch chan	ge was au	Suite, Apt. #, etc City ove-named limite thorized by affirm	d liability company ative vote of a major	FL submits this state ity of the member	Zin Cede 3330	cept the appointment
10. Title	1	Members/Managers				ss Street Address		City	State and Z	ip Code
MGRM	DELHUSZA, HASMASAN, RUSSO, MC		31	75 NC	361	TH AVE. TH AVE.		HOLLYMO HOLLYMO	OD FL	
1		formation cumulad with						-02/13 *****2	63.7501 162-1	737 1003020 ****203.75

11. Ido hereby certify that the information supplied with this filling 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 illmitted liability company or the receiver or trustee appears in Block 10, or on an attachment with an address.

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31	u	N	ΑІ	u	п	⊏:

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

Daytime Phone #