




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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000001258			
BROWARD SQUARE L.C. 2318 N. BAY ROAD MIAMI BEACH, FL 33140		1a. Principal Place of Business Address			
2. Principal Place of Business 2318 N. BAY ROAD		2a. Mailing Address		3. Date Organized or Qualified 12/3/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State MIAMI BEACH		City & State		4. FEI Number 65-0711967	
Zip 33140		Country USA		5. Date of Last Report 3/19/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
LEONHARD KURTEN 2318 N. BAY ROAD MIAMI BEACH, FL 33140		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 reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM MGRM	KURTEN, LEONHARD INTER INVEST LTD.	2318 N. BAY ROAD 2318 N. BAY ROAD		MIAMI BEACH FL 33140 MIAMI BEACH FL 33140	
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER					

FILED
S9 MAR 26 AM 10:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

600002881506--1
-04/07/99--01005--001
****188.75 ****188.75