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



	D LIABILIT NNUAL RI 199		F	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			97 MAY 16 AM 9: 00				
FILING \$ 203. 1. Name a of Limite	FEE 75 Malling Added Liability Cor	Annual Report \$10 ke Check Payable dress mpany DOC		SECRETARY OF STATE TALLAHASSEE, FLORIDA							
240	W. Pal	gs, L.L.C. metto Park R , Florida		te 300		1a. Principal Place of Business Address 240 W. Palmetto Park Road Suite 300 Boca Raton, Florida 33432					
	ailing address is			nformation and enter correction in Block 2a.			3. Date Organize	d or Qualified	3a. State o	of Formation	
z i micipi	111100000000										
Suite, Apt.	₩, etc.		Suite, Apl	t. #, etc.						rida Applied For	
City & Stat	0		City & Sta	ale			65-0736928			Not Applicable	
Ζιρ		Country	Ζιρ		Country	/ :	5. Date of Last R	teport		te of Status Desired	
	7. Name	and Address of Curre	ent Registered	Agent			8. Name and Adde	ress of New Re	egistered Agent		
						Name	(same)				
Michael Daszkal, C.P.A. 240 W. Palmetto Park Road, Suit				Street Address ((P.O. Box Number is Not Acceptable)				
	, Florida 3	Suite, Apt. #, etc			· 00009/21/PE						
				City			Zip Code				
its register	ed office or reg	sions of Sections 608.4 istered agent, or both, if accept the obligations	the State of Flo	Florida Statut rida. Such char	tes, the ab	ove-named limite thorized by affirm	d liability company s ative vote of a majorit	ubmits this state y of the member	ement for the s. I hereby ac	purpose of changing cept the appointment	
SIGNATU	RE						(DATE			
	(Flegistered Agent Accep		OTE: Registered Agent signature required when reinstation				City, State and Zip Code				
10. Title	naging Members/Mana	Business Street Address			· · · · · · · · · · · · · · · · · · ·	City	, State and Z	ib Code			
М	Schiff	5551 Pinedale Avenue			Cote St. Luc Quebec, Canada			a			
			. :			000002188470 -0\$/22/9701104001 *****203.75 *****203.7			l04001		
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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 trust to 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:

NO TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER