

**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

FILED

97 JUN -2 AM 6:58

**FILING FEE**  
\$ 203.75

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L96000001307**

MARCUS P.G., I.C.  
C/O MICHAEL FELDENKRAIS, P.A.  
12000 BISCAYNE BLVD SUITE 220  
MIAMI FL 33181

1a. Principal Place of Business Address  
C/O MICHAEL FELDENKRAIS, P.A.  
12000 BISCAYNE BLVD SUITE 220  
MIAMI FL 33181

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

2. Principal Place of Business 754 West 40 Pl. Suite, Apt. #, etc.	2a. Mailing Address 754 West 40 Pl. Suite, Apt. #, etc.
City & State Hialeah, Florida Zip 33012 Country U.S.A.	City & State Hialeah, Florida Zip 33012 Country U.S.A.

3. Date Organized or Qualified 12/10/1996	3a. State of Formation FT.
4. FEI Number 65-0750914	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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

MICHAEL FELDENKRAIS, P.A.  
12000 BISCAYNE BLVD SUITE 220  
MIAMI FL 33181

8. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
Zip Code  
**FL**

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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GARCIA, GABRIEL M	328 WEST 41ST STREET	HIALEAH FL

3000002203293-9  
-06/05/97-01107-003  
\*\*\*203.75 \*\*\*203.75

*Handwritten signature and date: 6-3-97*

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:** *Gabriel Garcia* 4/22/97 (305) 826-0245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #