


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
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FILED

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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 # L9600001307 MARCUS P.G. LLC. 828 W 41ST ST. HIALEAH, FL. 33012.
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SECRETARY OF STATE 1a. Principal Place of Business Address SAME

2 Principal Place of Business 111 E. 44TH ST. Suite, Apt. #, etc. N/A City & State HIALEAH FL. Zip 33013 Country DADE.	2a. Mailing Address 111 E. 44TH ST. Suite, Apt. #, etc. N/A City & State HIALEAH FL. Zip 33013 Country DADE.	3. Date Organized or Qualified 12/10/96. 3a. State of Formation FLORIDA
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"/> \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent MICHAEL FELDENKRAIS, P.A. 12000 BISCAYNE BLVD #220 Miami FL- 33181

8. Name and Address of New Registered Agent/Office Name JUAN A. MARTIN. Street Address (P.O. Box Number is Not Acceptable) 111 E. 44TH ST. Suite, Apt. #, etc. N/A. City HIALEAH FL Zip Code 33013.

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 *Juan A. Martin* DATE 11/11/99.
(Registration Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEMBER	JUAN A. MARTIN	111 E. 44TH ST.	HIALEAH FL. 33013

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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) (f), 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: *Juan A. Martin* JUAN A. MARTIN 11/11/99 (305) 536 8998
(Signature and Title of Registered Agent, Managing Member or Manager) Date (Optional) Phone #

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

To: Div. of Corp.
409 E Gaines St.
Tallahassee, FL

FROM: Marcus D.G., L.C.
111 E. 44th ST.
Hialeah, FL 33013

Enclosed you will find a check for
\$377.50 to cover my 1998-1999 annual
Report, Due to a change of mailing
address I never recieved such form.
If you should have any questions please
don't hesitate to contact me at the
above address.

Juan A. Martin
Juan A. Martin