File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

INHSE10 R (12-98)

	D LIABILIT ANNUAL R 199	EPORT	ANY	FILED							
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee								99 MAR -1 PN 3: 12			
\$ 188.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company   DOCUMENT # L96000001351								SEGMETARY OF STATE TALLAHASSEE, FLORIDA			
KUPERSMITH LIMITED COMPANY 4606 7TH STREET LUBBOCK TX 79416								1a. Principal Place of Business Address  % JANIE E. MAURER  500 NE SPANISH RIVER BLVD.,  BOCA RATON FL 33431			
2. Princip	al Place of Bus		2a. Mailing Address				3. Date Organized or Qualified 3a. State of Formation				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				12/30/1 4. FEI Number	30/1996 FL		
									Applied For		
City & State			City & State				├── <b>-</b>			Not Applicable	
Zıp		Country		Zip		Count	ry	5. Date of Last Re	eport		te of Status Desired
<u></u>							<del></del>	09/30/1	998	\$8.75 Additi	onal Fee Required
	7. Name	and Address	of Current F	Registered	Agent		8. Name	Name and Address	of New Regis	tered Agent	/Office
BOCA RATON FL 33431								Zip Code  FL  liability company submits this statement for the purpose of changing			
SIGNATU	RE	(Buon fun 1	and formulae for	, <b>D</b>	ATE _						
10. Title Managing Members/Managers					I I I I I I I I I I I I I I I I I I I		ss Street Address	City, State and Zip Code			
MEM	KUPERSMITH, JOEL		4606 7TH		STREET		LUBBOCK TX				
MEM	KUPERSMITH, JUDIT		'H 4606 7TH			STREET		LUBBOCK TX			
								F; F	-03/0 ****	9/99(	17365 01014016 ****188.75
11 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. If urther 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.											