
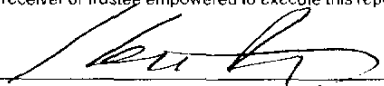


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 11 AM 10:57	
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 # L97000000077		1a. Principal Place of Business Address	
ROTH BROTHERS INVESTMENT SERVICES, L.C. C/O S. ROTH 433 S. MAIN ST., #303 WEST HARTFORD CT 06110				C/O S. ROTH 433 S. MAIN ST., #303 WEST HARTFORD CT 06110	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/16/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				06-1473527	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				03/30/1998	
				6. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
SHLOMBERG, RICHARD 5109 FOXPOINTE CIRCLE DELRAY BEACH FL 33445				Name Richard Shlomberg Street Address (P.O. Box Number is Not Acceptable) 7434 FALLS RD. West Suite, Apt. #, etc. City Boyton Beach FL Zip Code 33437	
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 ONLY CHANGED ADDRESS DATE					
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGRM ROTH, JEROME S DMD		37 TIMERWOOD		WEST HARTFORD CT	
MGRM ROTH, STUART		433 S MAIN ST SUITE 303		WEST HARTFORD CT	
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:  3/8/99					