LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUL -6 AM 9: 20						
FILING \$ 188	FEE Anno	ual Report \$100.00 ke Check Payable	+ \$88.75 To: FLORI	Corporation	on Supp	lementa OF STA	TE						
1. Name of Limi	and Mailing Add ted Liability Cor			# L97									
	1001 BR	A ARTS L.C ICKELL BAY L 33131-494	DRIVE	, STE.	2702			1001 1	3R.	e of Business ICKELL L 33131	BAY DRIV	E, STE	
2. Principal Place of Business 2a. Mallin				ng Address				3. Date Organized or Qualified			3a. State of Formation		
Sulte, Apt. #, etc. Suite, Ap				l. #, etc.				01/28/1997			FL		
								4. FEI Numb	er		<u> </u>	Applied For	
City & State City & Sta				le						[===3	Not Applicable		
Žip		Country	Zip		Country	1		5. Date of La	st R	eport	6. Certificate of S		
		and Address of Curren	A 60 - wladawa si							-4N- BI-			
	7. Name	and Address of Curren	t Hegistered	Agent		Name	В. Г	vame and Add	1058	OT New Regis	tered Agent/Office	·	
	E, GEOF	FREY M LL BAY DRIV	710 OT11	E 270	,	Ctroat Ada	<u>76</u>	O Bay Name		Alad A a a a a a a a a	-1-\		
	DUTCUE	1. Z/UZ Street Address (F			P.O. Box Number is Not Acceptable)								
MIAM	I FL 33	131											
MIAM	I FL 33	131				Suite, Apt.	. #, etc.			,			
MIAM	I FL 33	131				Suite, Apt.	. #, etc.			EI	Zip Cords	A-	
9. Pursua	ant to the provis	ions of Sections 608.416 stered agent, or both, in the accept the obligations.				City ove-named	limited	liability compar			ement for the purpo		
9. Pursua	ant to the provis red office or regi red agent, and	ions of Sections 608.416 stered agent, or both, in the accept the obligations.	e State of Flo	rida. Such cha	nge was au	City ove-named thorized by	limited affirmat	liability compar tive vote of a ma	jority	bmits this state of the member	ement for the purpo		
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11. Ido 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.

SIGNATURE:

SIGNATURE AND TYPLD OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/30/98

Daytime Phone #