

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 APR 26 AM 10:22

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 # L97000000161

E O C L.C.
 100 BEACH ROAD
 APT PHD
 TEQUESTA FL 33469

1a. Principal Place of Business Address
 100 BEACH ROAD
 APT PHD
 TEQUESTA FL 33469

2. Principal Place of Business % O'Connor Davies & Co., LLP Suite, Apt. #, etc. 15 Essex Road City & State Paramus, NJ Zip 07652 Country USA	2a. Mailing Address % O'Connor Davies & Co., LLP Suite, Apt. #, etc. 15 Essex Road City & State Paramus, NJ Zip 07652 Country USA	3. Date Organized or Qualified 02/10/1997	3a. State of Formation FL
		4. FEI Number 22-3490163	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 03/16/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

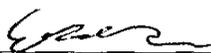
7. Name and Address of Current Registered Agent O'CONNOR, EDWARD 100 BEACH ROAD APT PHD TEQUESTA FL 33469	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 07652
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9. 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) (SOLE Registered Agent signature, if none, Enter in and attach)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	O'CONNOR, EDWARD	100 BEACH ROAD	TEQUESTA FL
MGRM	COLLINS, KERRY	100 BEACH ROAD	TEQUESTA FL
MGRM	DAVIES, SHARON	100 BEACH ROAD	TEQUESTA FL
MGRM	OBERHOFER, COLEEN	100 BEACH ROAD	TEQUESTA FL
MGRM	SITES, MELBA	100 BEACH ROAD	TEQUESTA FL
MGRM	O'CONNOR, EDWARD G	100 BEACH ROAD	TEQUESTA FL

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:  4.20.99