♥ 14 3 ♥										
File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 27 PM 3: 45				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						. 1				
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000255						1a. Principal Pla	ace of Business	Address	#3/27	
KEENAN INVESTMENTS, L.C. 1500 NW 49TH STREET SUITE 500 FORT LAUDERDALE FL 33309						1500 NW 49TH STREET SUITE 500 FORT LAUDERDALE FL 33309				
2. Principal Place of Business 2a. Mi			iling Address			3. Date Organiz	ed or Qualified	3a. State	of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03/03/1997 FL 4. FEI Number Applied For			Applied For	
City & State		City & State				65-0750499 Not Applicable			Not Applicable	
Zip	Country	Zip		Country		5. Date of Last	Report	l	onal Fee Required	
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office									/Office	
BOYLE, CONRAD J ESQ 500 E BROWARD BLVD SUITE 1950 FORT LAUDERDALE FL 33394				Suli	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.					
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			
10. Title Managing Members/Managers			Business Street Address				City, State and Zip Code			
MGR CH	HYNOWETH, DALE		 1500 NI	W 49TH	ST, S	STE 500	FORT 1	LAUDER	DALE FL	
MGR KE	ENAN, WILLIAM		1500 N	W 49TH	ST, S	STE 500	FORT 1	LAUDER	DALE FL	
indicated on this	ertify that the information supplied w annual report is true and accurate	and that my s	ignature shall hav	ve the same I	egal effect as	if made under oath	i; that I am a mai	naging memb	er 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: ALLEGALIA AS SOLT							3eb28/98			

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

Daytime Prionc #