

2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 22 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Registered Mailing Address of Limited Liability Company
DOCUMENT # 1,97000000307

FED, I.C.
1304 S.W. 160TH AVENUE
SUITE 146
~~SUNRISE~~ FL 33326

1a. Principal Place of Business Address

1304 S.W. 160TH AVENUE
SUITE 146
SUNRISE FL 33326

2. Principal Place of Business
Sub. Apt. #, etc.
City, State
Zip

2a. Mailing Address
1304 SW 160TH AVENUE
Suite, Apt. #, etc.
146
City & State
WESTON, FL
Zip
33326 Country
BROWARD

3. Date Organized or Qualified
03/11/1997
4. FEI Number
65-0757448
5. Date of Last Report

3a. State of Formation
FL
 Applied For
 Not Applicable
6. Certificate of Status Desired
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

BARNARD, MICHAEL P
1304 S.W. 160TH AVENUE
SUITE 146
SUNRISE FL 33326

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

9. Pursuant to the provisions of Sections 608.416 and 608.608, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its principal place of business and registered agent or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment of the new agent and accept the obligations.

SIGNATURE: _____ DATE: _____
(Signature of Registered Agent or Agent-in-Charge of the Limited Liability Company)

10. Title	Managing Member/Manager	Business Street Address	City, State and Zip Code
MGR	BARNARD, MICHAEL P	1304 S.W. 160TH AVE, STE 1	SUNRISE FL

11. I 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 provided is true and correct to the best of my knowledge 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; and that I am either the owner or holder empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attached schedule.

SIGNATURE: *Michael P. Barnard* 9/18/98 (954) 389 1346