


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		SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR -3 AM 9:04	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L97000000307			
1. Name and Mailing Address of Limited Liability Company FED, L.C. 1304 S.W. 160TH AVENUE, #146 WESTON FL 33326		1a. Principal Place of Business Address 1304 S.W. 160TH AVENUE SUITE 146 SUNRISE FL 33326			
2. Principal Place of Business 20911 JOHNSON STREET Suite, Apt. #, etc. SUITE 126 City & State PEMBROKE PINES, FL Zip Country 33029 USA		2a. Mailing Address 20911 JOHNSON STREET Suite, Apt. #, etc. SUITE 126 City & State PEMBROKE PINES, FL Zip Country 33029 USA		3. Date Organized or Qualified 03/11/1997 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		4. FET Number 65-0757448		5. Date of Last Report 09/22/1998	
				6. Certificate of Status Desired <input type="checkbox"/> \$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) 20911 JOHNSON STREET Suite, Apt. #, etc. SUITE 126 City Zip Code PEMBROKE PINES FL 33029		
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: <u>M. Barnard</u> <small>(Registered Agent/Attorney/Accountant)</small>			DATE: <u>2/23/99</u>		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	BARNARD, MICHAEL P	1304 S.W. 160TH AVE, STE 20911 JOHNSON ST. SUITE 126		SUNRISE FL PEMBROKE PINES, FL 700002734837-4 -03/04/93-01085-001 ****188.75 ****188.75	
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: <u>M. Barnard</u> MICHAEL P. BARNARD 2/23/99 (954) 433272					