


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
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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
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L97000000318
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SOBE LAND, L.C.
210 174TH STREET, APT. 517
NORTH MIAMI BEACH FL 33160

1a. Principal Place of Business Address
210 174TH STREET, APT. 517
NORTH MIAMI BEACH FL 33160

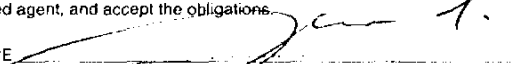
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 03/17/1997	3a. State of Formation FL
4. FEI Number 65-0757248	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/15/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent ARMELLA, JOSE 210 174TH STREET, APT. 517 NORTH MIAMI BEACH FL 33160
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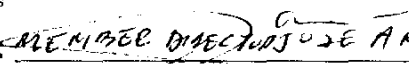
8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

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 2/20/99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	ARMELLA, JOSE	210 174TH STREET, APT. 517	NORTH MIAMI BEACH FL

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:  MEMBER DIRECTOR JOSE ARMELLA 305-9331301 2/20/99