

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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

98 OCT -2 AM 10:20

<b>FILING FEE</b> \$ 188.75	Annual Report \$100.00 Make Check Payable	\$88.75 Corporation Supplemental Fee FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company

**DOCUMENT # L97000000366**

LASTANA LIMITED COMPANY  
 251 CRANDON BLVD #724  
 KEY BISCAVNE, FLORIDA 33149

1a. Principal Place of Business Address

251 CRANDON BLVD. #724  
 KEY BISCAVNE, FL 33149

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified	3a. State of Formation
		4. FEI Number 65-0743355	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of Now Registered Agent/Office
	Name <b>SEVERO ANGEL ITZA</b> Street Address (P.O. Box Number Is Not Acceptable) <b>251 CRANDON BLVD #724</b> Suite, Apt. #, etc. City <b>KEY BISCAVNE FL 33149</b> Zip Code

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 this 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: *[Signature]* DATE: **9-2-98**

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SEVERO A. ITZA	251 crandon blvd #724	KEY BISCAVNE, FL 3314 9

11. I do hereby certify that the information supplied within 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: *[Signature]* DATE: **9-2-98** **205-365-0523**