


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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000373	
RICE FOWLER, L.C. 890 SOUTH DIXIE HIGHWAY 2222 PONCE DE LEON BLVD. CORAL GABLES FL 33146 PENTHOUSE SUITE, 7TH FLOOR 33134		1a. Principal Place of Business Address 2222 PINE DE LEON BLVD. 890 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 PENTHOUSE SUITE, 7TH FLOOR CORAL GABLES, FL 33134	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
2222 Ponce de Leon Blvd. Suite, Apt. #, etc. PENTHOUSE SUITE, 7TH FLOOR City & State CORAL GABLES, FL Zip 33134 Country USA	2222 Ponce de Leon Blvd. Suite, Apt. #, etc. PENTHOUSE SUITE, 7TH FLOOR City & State CORAL GABLES, FL Zip 33134 Country USA	04/01/1997	FL
		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
SCHREIBER, GERHARDT A ESQ. 890 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146		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 608.508, 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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	RICE FOWLER KINGSMIL,	202 ST. CHARLES AVE.	NEW ORLEANS LA
MEM	SCHREIBER, RODON-ALVAR	890 SOUTH DIXIE HIGHWAY	CORAL GABLES FL
			600002503656--1 -04/28/98--01096--021 ****188.75 ****188.75 4/9/98
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: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			