
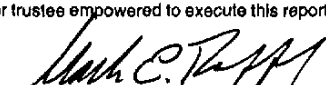


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 30 PM 2:13	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000378		1a. Principal Place of Business Address 4301 34 <sup>th</sup> St. South <del>4998 WHITE OPINE CIRCLE N.E.</del> ST PETERSBURG FL 33703 4301 34 <sup>th</sup> St. South St. Petersburg, FL 33711	
2. Principal Place of Business 4301 34 <sup>th</sup> St. So.		2a. Mailing Address 4301 34 <sup>th</sup> St. So.		3. Date Organized or Qualified 04/02/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-3438629	
Zip 33711		Country USA		5. Date of Last Report	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent SALISSOLIA, PIERO 200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131				8. Name and Address of New Registered Agent/Office Name Salussolia & Associates Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. Suite, Apt. #, etc. Suite 4815 City Miami Zip Code FL 33131	
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 reinstalling)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	RAFFAUF, MARK	4301 34 <sup>th</sup> St. South <del>4998 WHITE OPINE CIRCLE N.E.</del>		ST PETERSBURG FL 33711	
				600002483166--5 -04/08/98--01110--005 ****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)(f), 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:  2/24/98 813 866 3757					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					