


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 9/29 SEP 29 AM 10:54 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company BET BARUCH PROPERTIES, L.C. 6543 RACQUET CLUB DRIVE FORT LAUDERDALE FL 33319		DOCUMENT # L97000000389TALLAHASSEE FLORIDA			
2. Principal Place of Business 10208 NW. 24 th PL. Suite, Apt. #, etc. Bld. 203 # 105 City & State Sunrise Florida Zip 33322 Country Broward		2a. Mailing Address SAME AS #2 Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 04/04/1997 3a. State of Formation FL 4. FEI Number 65-074338 APPLIED FOR 5. Date of Last Report 12/29/1998 6. Certificate of Status Desired [] Applied For [] Not Applicable [] Additional Fee Required	
7. Name and Address of Current Registered Agent MABARI, SALOMON 6543 RACQUET CLUB DRIVE FORT LAUDERDALE FL 33319		8. Name and Address of New Registered Agent/Office Name SALOMON MABARI Street Address (P.O. Box Number is Not Acceptable) 10208 NW. 24 th PL. Suite, Apt. #, etc. Bld. 203. # 105 City Sunrise Zip Code FL 33322			
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: <i>f. (Salomon Mabari)</i> DATE: <i>Aug. 25/99.</i>					
10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGRM MABARI, SALOMON 6543 RACQUET CLUB DRIVE FORT LAUDERDALE FL 400003006624--1 -10/06/99--01002--017 ****588.75 ****588.75					
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: <i>f. SALOMON MABARI</i> DATE: <i>Aug. 25/99 (954) 816-3838</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					