

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris	
1999		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 # L97000000423	
THE PAULA WEISBURST FAMILY LLC 5310 FOUNTAINS DR., S. LAKE WORTH FL 33467		1a. Principal Place of Business Address 5310 FOUNTAINS DR., S. LAKE WORTH FL 33467	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified		3a. State of Formation	
04/16/1997		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0770567			
5. Date of Last Report		6. Certificate of Status Desired	
04/23/1998		S\$ 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
WEISBURST, PAULA 5310 FOUNTAINS DR., S. LAKE WORTH FL 33467		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 filing change)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WEISBURST, PAULA	5310 FOUNTAINS DR., S.	LAKE WORTH FL 7000002848487--4 -04/23/98--01004--009 ****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)(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: Paula Weisburst			
SIGNATURE AND TYPE (OR PRINT) NAME OF EXPIRING MANAGING MEMBER OR MANAGER			