File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.							
LIMITE	D LIABILITY COMPANY ANNUAL REPORT 1998	ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 22 AMII: 30			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					SECRETARY MILLS 30		
1. Name and Malling Address of Limited Liability Company DOCUMENT # L9700000460					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
дэ700000480					1a. Principal Place of Business Address		
ERILYN GROUP 2, L.L.C. 2670-N.E215TH-STREET- MIAMI-FL 33180-					2670 N.E. 215TH STREET MIAMI FL 33180		
			·		3. Date Organized or Qualified		3a. State of Formation
6099 W · SUNAISE BUND - 470 Suite, Apt. #, etc. Suite, Apt			N. STATE RB.7		04/30/1997 FL		
City & Stat	te	City & Sta	ate 🥕	Suite 101	65-08	2/30/	Applied For
SUNI	1166 , FL.	LAUD	EADAIT LAKE		5. Date of Last F		Not Applicable 6. Certificate of Status Desired
Zip 333/	3-6803 Country U.S.A.	Zip 33	3/9 Cou	U.S.A.			S8.75 Additional Fee Required
	7. Name and Address of Current I	Registered	Agent	8. Name	Name and Addres	s of New Regis	tered Agent/Office
2670	T, ALAN R N.E. 215TH STREET I FL 33180	Street Address (P.O. Box Number is Not Acceptal 1/90 N.E. 125 Sulte, Apt. #, etc.			ele) , # 21		
			City N. MIAMI FL 33/6/				
9. Pursuant to the provisions of Sections 608.416 and 608.508, Fiorida 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							14/48
10. Title	Managing Members/Managers		Business Street Address			City,	State and Zip Code
MGRM	PACE, CHARLES E 5599			99 E. LEITNER DRIVE		CORAL SPRINGS FL	
MGRM	GOLDBERG, MITCHEL	OLDBERG, MITCHELL 353 LEXINGTON AVE				NEW YO	RK CITY NY
	·						
		1.0					5024216 79801035018 38.75 ****188.75
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					!	del	123/58
11. I do her by 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: X E 4/14/98							
SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #							

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