


2<sup>nd</sup> 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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>TRIPLE CROWN ENTERPRISES, LLC 3235 S.W. 2ND COURT DEERFIELD BEACH FL 33442-2314</b>		<b>DOCUMENT #</b> L97000000720	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified  07/02/1997		3a. State of Formation  FL	
4. FEI Number  65-0843620		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report  07/22/1998		6. Certificate of Status Desired  \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>KAGAN, JULIE 6207 OLD COURT ROAD #601 BOCA RATON FL 33433</b>		8. Name and Address of New Registered Agent/Office  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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KAGAN, JULIE	3235 S.W. 2ND COURT	DEERFIELD BEACH FL
MGR	CAVALCANTE, STACI	3235 S.W. 2ND COURT	DEERFIELD BEACH FL
MGR	CAVALCANTE, TODD	3235 S.W. 2ND COURT	DEERFIELD BEACH FL
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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: <u>Julie Kagan</u> <u>Julie Kagan</u>		8-2-99 361-391-6058	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	