


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company Villa Bella, L.C. 1581 Brickell Avenue Suite 601 Miami, Florida 33129	DOCUMENT # L97000000763
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2. Principal Place of Business 1581 Brickell Avenue Suite, Apt. #, etc. Suite 601 City & State Miami, Florida Zip 33129 Country USA	2a. Mailing Address 1581 Brickell Avenue Suite, Apt. #, etc. Suite 601 City & State Miami, Florida Zip 33129 Country USA
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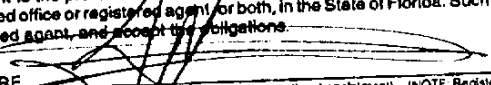
1a. Principal Place of Business Address 1581 Brickell Avenue Suite 601 Miami, Florida 33129
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3. Date Organized or Qualified 07/14/97	3a. State of Formation Florida
4. FEI Number 65-0767121	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent Feldenkrais & Associates, P.A. Michael Feldenkrais 290 NW 165 Street, Plaza 100 Miami, FL 33169

8. Name and Address of New Registered Agent/Office Name Michael Feldenkrais Street Address (P.O. Box Number is Not Acceptable) 290 NW 165 Street Suite, Apt. #, etc. Plaza 100 City Miami FL Zip Code 33169
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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's signature required when reinstating)

DATE 4/30/99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	Claudia Bertolero	1581 Brickell Avenue	Miami, FL 33129

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE 4/30/99

Daytime Phone #