File on subject	or before	Ma 00.00	y 1, 1998 or LATE FEE.	Limited	Liability	Com	pany v	vill be		ይ ሆስክ		* **		
1	D LIABILIT ANNUAL R 199	LORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 25 PM 2: 34								
		eport \$100.00												
\$ 188.75 / Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Lability Company DOCUMENT # 19700000903														
] :		SERVICES, LLC. HIA MAR,				18. Principal Place of Business Address 801 SEABREEZE BLVD., BAHIA M MARINA TOWER, 2ND FL. FT. LAUDERDALE FL 33316								
2. Princip	ng Address				3. Date Organized or Qualified			3a. State of Formation						
Suite, Apt. #, etc. Suite, Apt					. #, etc.				08/15/1997 4. FEI Number			FL Applied For		
City & State City & Ste					ite									Not Applicable
Zip	Country			Zip Countr			5. Date of Last			ate of Last F	Report 6. Certificate of Status 58.75 Additional Fee Requ			
	Agent 8.			B. N	Name and Address of New Registered				d Agent/Office					
HAYES 321 I PALM	Street Address (F				P.O. Box Number Is Not Acceptable)									
	City				FL			Zip Cod	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.														
SIGNATU	RE	(Rec	gistered Agent Accepting A		[DATE								
10. Title					(NOTE: Registered Agent algorature required when reinstatin Business Street Address						City	/, State an	J Zip Cod	le
MGR	Kathleen Allen				801 SEABREEZE BLVD				٠,					
										100)DD2* -03/31; ****16	/980	1047	1 6 004 :188.75
									ð	iga Sa				

11 Ido hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Ifurther certify that the information indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on this annual report is true and accurate and indicated on the same legal effect as if made under oath; that I am a managing member or manager of the timiled liability company or the receiver or trustee and accurate and indicated on the same legal effect as if made under oath; that I am a managing member or manager of the timiled liability company or the receiver or trustee and accurate and