File on	or before	May 1	, 1999 or I	_imited	i Liabilit	y Com	pany v	vill be						
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPAR Katheri Secreta DIVISION OF C							Harris State							
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									99 MAR - 1 PM 12: 00					
Name of Limit	DOCU	# L97	L9700000998			SECTION STATE TALK THE SEET FLORIDA								
R. SPRINGER & M. HARTMANN L.L.C. 3738 NE 167TH STREET NORTH MIAMI FL 33160									18. Principal Photo-Business Address 3738 NE 167TH STREET NORTH MIAMI FL 33160					
2 Princip	ng Address			Date Organized or Qualified 3a. State of Formation				tion						
Cuito Ant	I # 616				09/10/1997 F			FL						
Suite, Apt. #, etc. Suite, Apl					#, etc.				4. FEI Number Applie				plied For	
City & State				City & State								t Applicable		
Zip Country			Zip Cou			ntry		5. Date of Last F	•	6. Certific		tus Desired		
	7. Name a	nd Addr	ess of Current F	Registered	Agent		<u></u>		03/11/1 lame and Addres		stered Agen	t/Office		
9. Pursua	red office or regis red agent, and a	ons of Sec tered age ccept the	ctions 608 416 at nt, or both, in the obligations.	State of Fior	rida. Such cha	ange was a	uthorized b	d limited by affirmat	iability company si ve vote of a majorit	FL ubmits this state y of the member	rs. Thereby a	ccept the a	of changing ppointment	
10. Title Managing Members/Managers					WOTE Registered Agent signal ire required when rematative) Business Street Address				City, State and Zip Code					
MEM MEM	SPRINGER, RANDY HARTMANN, MARY				3738 NE 167TH STR				. – -	MIAMI FL				
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•				[AL	MAR -	3,199	2	
indicated o limited liab	11 Ido 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.													
SIGN	ATURE:		Nous O	OR PRINTLE N	PAME OF SIGNING	MANAGRIG	MEMER ROPE	JANACE R	247	199 Itali	305	740 .	8633	