


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
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L97000001313</b>  K.A. AVENTURA, I.C. 790 EAST BROWARD BLVD., SUITE 400 FORT LAUDERDALE FL 33301
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business <del>17501 X Biscayne Blvd</del> Suite, Apt #, etc.  City & State: <del>Norfolk VA</del> Zip: Country:	2a. Mailing Address  Suite, Apt #, etc.  City & State:  Zip Country:	3. Date Organized or Qualified <b>11/19/1997</b>  4. FEI Number <b>58-2429469</b> <del>XXXXXX XXXX</del>	3a. State of Formation <b>FL</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <b>10/20/1998</b>		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

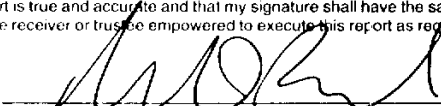
7. Name and Address of Current Registered Agent  MURDOCH, ROBERT E JOHNSON, ANSELMO, MURDOCH BURKE & GE 790 EAST BROWARD BLVD., SUITE 400 FORT LAUDERDALE FL 33301	8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) <del>5000 N 29th St</del> Suite, Apt #, etc. <del>-09717799-01037-015</del> <del>****597.50 ****597.50</del>  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Agent Accepting Appointment) (NOTE: Registered Agent signature required when reconstituting)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BECK, ANDREW J	613 PITT STREET	MT. PLEASANT SC
MGRM	<del>JONES, JAMES</del>	<del>XXXXXX</del>	<del>MT. PLEASANT SC</del>

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 affidavit filed with an address.

SIGNATURE:  **ANDREW J. BECK** 3/4/99 343-849-8600  
Date: \_\_\_\_\_ Copied: \_\_\_\_\_