File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.									
			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 16 PM 1: 40			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address of Limited Liability Company DOCUMENT # 1.9700001314									
	# L9700001314 OLLYWOOD, L.C.			1a. Principal Place of Business Address					
	891 NORTH STATE RO MARGATE FL 33063				2701 N. STATE ROAD 7 HOLLYWOOD FL 33302				
·			ng Address			Date Organized or Qualified 3a. State of Formation			
Sulte, Apt. #, etc. Suite, Ap) University Dr			11/24/1997 FL			
102						4. FEI Number Applied For			
			City & State Coral Springs F1			5. Date of Last Report 6. Certificate of Status Desired			
Zip	Country	Zip 33°2) I	Count	ÜSA	5. Date of Last F	report		ate of Status Desired
	7. Name and Address of Current	Registered	Agent	 -	8. I	Name and Addres	s of New Regis	tered Agen	t/Office
11900 NORT	# 740 Suite, Apt. #, etc. City			20. Box Number is Not Acceptable)					
					FL				
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									
10. Title Managing Members/Managers			Business Street Address				City, State and Zip Code		
MGRM	MR. C'S AUTO SALE	891 NORTH STATE ROAD 7			AD 7	MARGATE FL			
MGRM	NICE INVESTMENTS,	2600 I	2600 ISLAND BLVD., STE.			2 AVENTURA FL			
MGRM	KEDEM, BARAK	571 N.W. 108TH AVE.			i.	PLANTATION FL			
						60	0002 -03/19	462 9/980	6362 1112017 ****188.75
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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. If unther 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: DAG ROSS-Golden + Managing member 3-12-96 1711 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Description Printed Name of Signing MANAGING MEMBER OR MANAGER Date Description Printed Name of Signing MANAGING MEMBER OR MANAGER Description Printed Name of Signing MANAGING MEMBER OR MANAGER Description Printed Name of Signing MANAGING MEMBER OR MANAGER Description Printed Name of Signing MANAGING MEMBER OR MANAGER Description Printed Name of Signing MANAGING MEMBER OR MANAGER Description Printed Name of Signing MANAGING MEMBER OR MANAGER Description Printed Name of Signing MANAGING MEMBER OR MANAGER Description Printed Name of Signing MANAGING MEMBER OR MANAGER Description Printed Name of Signing MANAGING MEMBER OR MANAGER Description Printed Name of Signing MANAGING MEMBER OR MANAGER Description Printed Name of Signing MANAGING MEMBER OR MANAGER Description Printed Name of Signing MANAGING MEMBER OR MANAGI									

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