



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		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 99 MAR 19 PM 1:30	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b> 157000001502			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT #</b> REPHIL, L.C. 4830 W. KENNEDY BLVD., STE 750 TAMPA FL 33609				<b>1a. Principal Place of Business Address</b> 1619 7TH AVENUE EAST TAMPA FL 33605	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Organized or Qualified</b> 12/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>3a. State of Formation</b> FL	
City & State		City & State		<b>4. FEI Number</b> 59-3492408 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	<b>5. Date of Last Report</b> 05/01/1998	
				<b>6. Certificate of Status Desired</b> \$8.75 Additional Fee Required <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b> MCFARLAND, JOSEPH B 4830 W. KENNEDY BLVD. SUITE 750 TAMPA FL 33609				<b>8. Name and Address of New Registered Agent/Office</b> Name 188 75 Street Address (P.O. Box Number is Not Acceptable) 7000082019117 Suite, Apt. #, etc -08/26/99--01005--003 City ****188.75 ****188.75 Zip Code FL	
<b>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.</b>					
SIGNATURE _____				DATE _____	
<small>(New Agent Appointment Appointment) (001) Registered Agent's public record will reflect change</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGR	COWEZ, PHILIPPE	26 RUE ALBERT IER		PARMAIN FRANCE	
MGR	PIROT, GERARD	1619 7th Avenue East		TAMPA FLORIDA 33605	
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 attachment with an address.					
<b>SIGNATURE:</b> 		3/12/99			
<small>INSTRUCTIONS: 1. FILING FEE: \$188.75. 2. ANNUAL REPORT: \$100.00. 3. CORPORATION SUPPLEMENTAL FEE: \$88.75. 4. TOTAL FILING FEE: \$377.45. 5. MAKE CHECK PAYABLE TO: FLORIDA DEPARTMENT OF STATE. 6. DEADLINE: MAY 1, 1999. 7. LATE FEE: \$400.00. 8. CONTACT: (813) 224-3000. 9. WEBSITE: www.flsos.com. 10. FORM: 119-07(3)(i).</small>					