LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF SECRETARY OF STATE SECRETARY OF STATE DIVISION OF CORPORATION					arris State ORATIONS	FILED 99 MAR 16 PM 4: 33													
Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETATION STATE TALL AHASSEE, FLORIDA 1a. Principal Place of Business Address 4050 NORTH OCEAN DR OCHSE 201 SINGER ISLAND WEST PALM BEACH FL 33404													
										Principal Place	of Business	2a. Mailing	2a. Mailing Address				or Qualified	3a. State o	Formation
										Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.				H		
City & State		City & State	City & State			4. FEI Number													
Zip	Country	Zip		Countr	y		Date of Last Report 6. Certificate of Sta 15/05/1998		e of Status Desired										
HUDSON,	Name and Address of Curr	ent Registered Ag	jent		8. Name	Name and Address	of New Regi	stered Agent/0	Office										
ts registered office as registered agen	provisions of Sections 608 4 or registered agent, or both, ir t, and accept the obligations.	the State of Florida	a. Such chang	ge was au	thorized by aftirma	ative vote of a majorit													
0. Title	(Registered Agent Assign	gers (NOTE	t. Registered Age	et signation. Busines	ss Street Address	(F	City	, State and Zip	Code										
4GRM MSM	DEVELOPMENT		3001 J	AMES	STREET	, 2ND FLC		-											
						7 710	10000 -037 *** 54 37	2520 267991 *188, 75 v ⁻⁹⁷	707 11113015 ****188.										
ndicated on this an		te and that my sign	ature shall h	ave the s	ame legal effect a	s if made under oath	that I am a ma	inaging membé	er or manager of th										