


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 MAY -5 PM 3:27	
<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>			
1. Name and Mailing Address of Limited Liability Company  <b>THE BILINGUAL PLACE, LLC 19106 CELLINI PLACE LUTZ FL 33549</b>		<b>DOCUMENT # L97000001445</b>		1a. Principal Place of Business Address  <b>19106 CELLINI PLACE LUTZ FL 33549</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified <b>12/29/1997</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>59-3498190</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent  <b>BUSINESS FILINGS INCORPORATED 1186 OCEAN SHORE BLVD., SUITE 195 ORMOND BEACH FL 32176</b>		5. Date of Last Report <b>First report</b> 6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required			
8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code					
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM MGRM MGRM MGRM	MONTOYA, FABIO Nieto, ANAMARIA Montoya, Denise L.	19106 CELLINI PLACE 19106 Cellini Place 1001 Ave C, Ap B2		LUTZ FL 33549 Lutz FL 33549 Bayonne NJ 07002  4000002514844--2 -05/07/98--01016--015 ****197.50 ****197.50	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: Fabio Montoya (MGRM)</b> <b>4/30/98</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					