

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		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # 198000000241 KEYNEJAD, L.L.C. 333 WEST CAMINO GARDENS BOULEVARD BOCA RATON FL 33432
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FILED

APR 20 PM 5:00

SECRETARY OF STATE

1a. Principal Place of Business Address 333 WEST CAMINO GARDENS BOUL BOCA RATON FL 33432
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2 Principal Place of Business 333 WEST CAMINO GARDENS BLVD Suite, Apt. #, etc. # 201 City & State BOCA RATON, FL Zip 33432 Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified 02/24/1998	3a. State of Formation FL
4. FEI Number 65-0816337	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent KEYNEJAD, JAMSHID 333 WEST CAMINO GARDENS BLVD. BOCA RATON FL 33432
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____ DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KEYNEJAD, JAMSHID	333 WEST CAMINO GARDENS BO	BOCA RATON FL

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 ****188.75 ****188.75



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.

SIGNATURE: Jamshid Keynejad (JAMSHID KEYNEJAD) 2/19/99 561 368-5585