

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company	DOCUMENT # L98000000442
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BOCA TRADING, L.L.C.
2600 N. MILITARY TRAIL, SUITE 245
BOCA RATON FL 33431

FILED *Wg/15*
99 SEP -3 PM 1:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1a. Principal Place of Business Address 2600 N. MILITARY TRAIL, SUIT BOCA RATON FL 33431

2 Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 04/06/1998 4. FEI Number	3a. State of Formation FL <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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7. Name and Address of Current Registered Agent HELLER, STEVEN 2600 N. MILITARY TRAIL, SUITE 245 BOCA RATON FL 33431	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WILSON, JEFFREY	17095 DARLING COURT	BOCA RATON FL
MGRM	HELLER, LAUREN	12318 ANTILLE DRIVE	BOCA RATON FL

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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: *4*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**JEFFREY T. WILSON
17095 DARLINGTON CT.
BOCA RATON, FL 33496**

FILED 
99 SEP -3 PH 1:25
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

August 30, 1999


Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I was told by your department to write this letter along with the attached annual report as well as a check covering the fees but not late fees. A first notice was never received and thus late fees should be waived.

Please adjust your records accordingly. Thank you.

Sincerely yours,


Jeffrey T. Wilson