		e May 1, 1999 o		d Liability	Com	pany will be	9						
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 22 PM 2: 10						
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE)	,,, •	• -	- 1		
\$ 188. 1. Name	and Mailing Ad	ddress DOCI]]				İ		
1 Name and Mailing Address of Limited Liability Company FLA FILMWORKS, L.C.								1a. Principal Place of Business Address					
	2030 P.	ARK AVENUE, BEACH FL 33	2030 PARK AVENUE, NO. G15 MIAMI BEACH FL 33139										
2 Princip	al Place of Bu	siness	ing Address			Date Organized or Qualified 3a. State of Formation				lion			
<u> </u>								04/06/1998			FL		
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				4. FEI Number			Applied For		
City & State			City & St	City & State			65-08307		14	□ No	t Applicable		
Zip		Country	Z _i p		Countr	у	5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required				
	7. Name	and Address of Curren	Agent Name			Name and Addres	lered Ager	ered Agent/Office					
9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited liab its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative as registered agent, and accept the obligations. SIGNATURE													
10. Title		(Bug stend Agent Accepting naging Members/Manage	WOTE Registered Agreal's gualancia que el which terresadous Business Street Address):	, State and Zip Code						
MGR		, SUSAN		2030 1	<u></u>	AVENUE,		MIAMI 0002 -04/2	BEAC 854	H FL 194 01095-	1 (C) 012 188.75		
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: SI													