

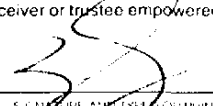


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED APR 20 PM 5:00 SECRETARY OF STATE	
<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>DOCUMENT # L98000000658</b> INTERNATIONAL MILLENNIUM 2000, L.C. 2206 WEST ATLANTIC AVENUE, #204 DELRAY BEACH FL 33445-4637		1a. Principal Place of Business Address 2206 WEST ATLANTIC AVENUE, # DELRAY BEACH FL 33445			
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>05/22/1998</b> 3a. State of Formation <b>FL</b> 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>SIMON &amp; SIMON CHARTE, RED ATTORNEYS</b> <b>2255 GLADES ROAD, SUITE 226-A</b> <b>BOCA RATON FL 33431</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. <b>300002853828 - 5</b> City <b>04/27/99 - 01086 - 014</b> <b>****188.75 ****188.75</b> <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 _____			DATE _____		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is printed when not filing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	SPITZ, FRED M	1625 N.E. 4TH COURT		FORT LAUDERDALE FL	
MEM	WEXLER, RONALD	2206 WEST ATLANTIC AVENUE,		DELRAY BEACH FL	
MEM	JOSEPH, EDWIN	P.O. BOX 1878, GLOUCESTER		GLOUCESTER VA	
MEM	FINN, JOHN J JR.	2160 WEST ATLANTIC AVENUE		DELRAY BEACH FL	
					
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.					
<b>SIGNATURE:</b> 		4/15/99 561-378-111			