18875

	or before May 1 to a \$ 400.00 L	, 1999 or Limited ATE FEE.	Liability Com	pany will be	•		
<i>,</i>	D LIABILITY COM ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS Corporation Supplemental Fee		SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 27 AM 9: 01		
\$ 188.	.75 Make Chec	k Payable To: FLOR	IDA DEPARTMEN	T OF STATE	}		
Name of Limit	and Mailing Address ted Liability Company	DOCUMENT	# 1980000	00694			
	ZACK KOSNIT 100 S.E. 2NI MIAMI FL 33	TH FLOOR		1a. Principal Place of Business Address 100 S.E. 2ND STREET, 28TH FL MIAMI FL 33131			
2 Princip	al Place of Business	2a. Maiti	ng Address		Date Organized or Qualified 3a. State of Formation		
					05/28/1998		FL
Suite, Apt #, etc. Suite, Apt			t. #, etc.		4. FEI Number		pplied For
City & State City & Sta			ate				Not Applicable
Zip Country Zip			Country		5. Date of Last Report		6. Certificate of Status Desired
Country							\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent					lame and Address	of New Regist	tered Agent/Office
100		O AGE, NT CO REET, 28TH F		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc			
				City Zip Code			Zip Code
its register		nt, or both, in the State of Floi					ment for the purpose of changing s. Thereby accept the appointment
SIGNATU	RE	at Agent Assentiting Appearance to (f)	enter Fig. 10 Fig. 1 Amerikaan (n. 1	manan sektra mar 2 man	[:	ATE .	
10. Title		nbers/Managers	Business Street Address				State and Zip Code
MGR	KOSNITZKY,	MICHAEL	100 S.E.	2ND STREE	ет, 28тн	MIAMI	FL
					30	~05/0:	28601638 3/9901066002 127.50 ****188.75

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in So Jigh. 19.07(3) (i), Florida Statutes. If unther certify that the information indicated on this annual report is true and accurate and that my signature shall have the educe legal effect is if hade under oal. that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 668. Florida statutes, and that my name appears in Block 10- or on an attachment with an address.

INHSE10 R (12-98)