


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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>99 APR 26 AM 10:22</b>	
<b>FILING FEE</b> <b>\$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>SUNANGELS, L.C.</b> <b>C/O GEETA DIAS</b> <b>4801 N.W. 7TH STREET, SUITE 707</b> <b>MIAMI FL 33126</b>		<b>DOCUMENT # L98000000797</b>  <b>1a. Principal Place of Business Address</b>  <b>C/O GEETA DIAS</b> <b>4801 N.W. 7TH STREET, SUITE</b> <b>MIAMI FL 33126</b>			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>3. Date Organized or Qualified</b> <b>06/12/1998</b>  <b>4. FEI Number</b> <b>65-0849505</b>  <b>5. Date of Last Report</b>  <b>6. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>  <b>FELDENKRAIS, MICHAEL ESQ.</b> <b>C/O BECKER &amp; POLIAKOFF, P.A.</b> <b>5201 BLUE LAGOON DRIVE, SUITE 100</b> <b>MIAMI FL 33126</b>		<b>8. Name and Address of New Registered Agent/Office</b> Name <b>FELDENKRAIS, MICHAEL ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Feldenkrais &amp; Associates, P.A.</b> Suite, Apt. #, etc. <b>290 N.W. 165th Street</b> <b>Plaza 100</b> City <b>Miami</b> Zip Code <b>FL 33169</b>			
<b>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.</b>					
SIGNATURE _____		DATE <b>4/20/99</b>			
<small>(Florida Department of State) (Not for use by a corporation or partnership to prepare its own filing)</small>					
<b>10. Title</b> <b>Managing Members/Managers</b>		<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
<b>MGRM PUNJABI, SURESH S</b>  <b>MGRM DIAS, GEETA</b>		<b>4801 N.W. 7TH STREET, SUITE 707</b>  <b>4801 N.W. 7TH STREET, SUITE 707</b>		<b>MIAMI FL</b>  <b>MIAMI FL</b>	
<b>200002858332- -</b> <b>-04/30/99-01078-018</b> <b>****188.75 ****188.75</b>					
<b>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>					
<b>SIGNATURE:</b> _____		<b>4/20/99 (805)</b>			