


2<sup>nd</sup> 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	
FILING FEE: Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000000819</b>  MOORE-LIN, L.L.C. 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316		1a. Principal Place of Business Address  901 PORGRESSO DRIVE FORT LAUDERDALE FL 33304 <b>CHANGE</b>	
2. Principal Place of Business <b>2161 WILTONDR</b> Suite, Apt. #, etc.	2a. Mailing Address <b>2161 WILTONDR</b> Suite, Apt. #, etc. <b>WILTON MANORS</b>	3. Date Organized or Qualified <b>06/16/1998</b>	3a. State of Formation <b>FL</b>
City & State <b>WILTON MANORS FL</b>	City & State <b>FLORIDA 33305</b>	4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required
Zip <b>33305</b>	Country <b>BROWARD</b>	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required
7. Name and Address of Current Registered Agent  WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316		8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) <b>800002974398--8</b> Suite, Apt. #, etc. <b>-08/31/99--01039--004</b> <b>****588.75 ****588.75</b> City <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 <i>[Signature]</i> DATE <b>7/15/99</b> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title <b>Managing Members/Managers</b>	Business Street Address	City, State and Zip Code	
MGRM LIN, HENRY	1177 S.E. 3RD AVENUE	FORT LAUDERDALE FL	
MGRM MOORE, KATHY R	1177 S.E. 3RD AVENUE	FORT LAUDERDALE 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. SIGNATURE: <i>Kathy R. Moore</i> <b>KATHY R. MOORE</b> Date <b>8-12-99</b> Daytime Phone #			