file on c				ompany will t	10		
sublect	or before May 1, 1999 of to a \$ 400.00 LATE FE	r Limitec 3.	I Liability C	ompany wiii -			
LIMITED	LIABILITY COMPANY NNUAL REPORT 1999		Katheri Secreta	RIMENT OF STATE THE MARKET THE STATE THE			RPORATIONS
FILING F	FEE Annual Report \$100.00	+ \$88.75	Corporation 9	Supplemental Fe	99 []	MAY 21	rn seus
\$ 188.7	75 Make Check Payable	To: FLOR	DA DEPARTA	ENT OF STATE			
of Limite	od Liability Company DOC	JMENT	# Tas	000000863			
ВІ	OMECHANICAL DESIGN '	TECHNOLA	OGIES, L.C			Ancona Av	
2. Principal Place of Business 2a. Malli			ing Addross		a. Date Organiz 6/24/98	a. Date Organized or Qualified Ss. State of Formation	
Suite, Apt. f	Suite, Apt. #, etc.		Suite, Apt. #, stc.				FLORIDA
		City & St	& State		4. FEI Number Applied For Not Applied For		
Zip	Country	Zip	10	ountry .	5. Date of Last f	Roport	6, Certificate of Status Desired
- P							SU 75 Additional Fee Required
	7. Name and Address of Currer	t Ragistered	Agent	Name	. Name and Addres	s of New Regis	sered Agent/Office
ALI R. SHAHIN 1451 ANCONA AVENUE CORAL GABLES, FL 33146			Street Address (i		(P.O. Box Number is Not Acceptable)		
				Suite, Apl. 11, 6	₽.		
				Suite, Apt. #, e	ic.		Zip Code 7
9. Pursuani	nt to the provisions of Sections 608.418	s and 608.506 ne State of Flo	, Fjorlda Statutes, t ride. Such change v	City	ed Nability company s	FL ubmits this state ty of the member	iment for the purpose of changing
its registere	ad office or registered agent, or both, in the ad agent, and accept the obligations.	ne State of Fio	rida. Such change v	City he above-named limik vas authorized by affilm	ed liability company a native vote of a majedi	ubmits this state	iment for the purpose of changing is. I hereby accept the appointment
its registered as registered SIGNATUR	ad office or registered agent, or both, in fit ad agent, and accept the obligations. RE (Registered Agent Accepting	ANEAR OF FIG	rida. Such change v	City	ed liability company a native vote of a majori ing	ubmits this state ty of the member	iment for the purpose of changing is. I hereby accept the appointment
its registers as registers SIGNATUR 10. This	ad office or registered agent, or both, in the ad agent, and accept the obligations.	ANEAR OF FIG	ride Such change v	City he above-named timite vas suthorized by affirm gnoure required when raws.	ed liability company a native vote of a majori ing	ubmits this state by of the member DATE	iment for the purpose of changing s. I hereby accept the appointment
its registers as registers SIGNATUR	ad office or registered agent, or both, in the ad agent, and accept the obligations. RE (Rogs viol Agon; Accepting Managing Members/Managen)	ANEAR OF FIG	ride Such change v	City City the above-named timite was sutherized by affirm grows required when rames usiness Street Addres	ed liability company a native vote of a majori inch s	Coral	ment for the purpose of changing s. I hereby accept the appointment state and Zip Code Gables, FL 33146 PERSON OF STATE STAT
its registered as registered SIGNATUR	ad office or registered agent, or both, in the ad agent, and accept the obligations. RE (Rogs viol Agon; Accepting Managing Members/Managen)	ANEAR OF FIG	ride Such change v	City City the above-named timite was sutherized by affirm grows required when rames usiness Street Addres	ed liability company a native vote of a majori inch s	Coral	ment for the purpose of changing s. I hereby accept the appointment Lack State and Zip Code Gables, FL 33146 EEEE2240- EEE293-01036-002
its registere as registere SIGNATUR 10. This	d office or registered agent, or both, in the dark agent, and accept the obligations. IE (Rogs wood Agent Accepting Managing Members/Managent) ALI R. SHAHIN	AMAZINE OF FIG.	B 1451 Anco	Clty the above-named limits was authorized by affirm gnows required when rains a upiness Street Addres on a Avenue	ed liability company anative vote of a majoris	Ubmits this state by of the member OATE	ment for the purpose of changing s. I hereby accept the appointment 22/59 State and Zip Code Gables, FL 33146 25/39 -810:8-002 188.75 ***188.75
its registere as registere SIGNATUR 10. This MM 11. Ido here indicated on limited liability	ad office or registered agent, or both, in the ad agent, and accept the obligations. RE (Rogs viol Agon; Accepting Managing Members/Managen)	with this filling o	1451 Anco	City the above-named limits was authorized by affirm gnours required when rawns outliness Street Address ona Avenue	ed Nability company anative vote of a majoritism.	Upmits this state by of the member DATE	ment for the purpose of changing s. I hereby accept the appointment are followed by the september of the sep
its registered as registered as registered SIGNATUR 10. This MM 11. I do here indicated on limited liability attachment in the second	d office or registered agent, or both, in the dark agent, and accept the obligations. IE (Rogs was Agent Accepting Managing Members/Managed ALT R. SHAHIN) Coby certify that the information supplied in this annual roport is true and accurate lity company or the receiver or trustee of	with this filling o	Ioas not quality for tignature shall have execute this report	City the above-named limits was authorized by affirm gnours required when rawns outliness Street Address ona Avenue	Section 118.07(3) (i), that if made under cather 608, Florida Statute	Upmits this state by of the member DATE	ment for the purpose of changing s. I hereby accept the appointment 22/54 State and Zip Code Gables, FI 33146 PES 22-10 12/99010:5002 188.75 ****188.75