LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			Kath Secr	PARTMENT OF STAT erine Harris etary of State OF CORPORATIONS		ETTED SECRETARY OF STAFE DIVISION OF CORPORATIONS			
ILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						99 MAY -3 AMIL: 32			
Name and M				000000943	<u> </u>				
140	ASTANG, FERRELI 00 WEST FAIRBAN NTER PARK FL 32	iks, st			1400 W	EST FAI	Address RBANKS, S L 32789	SUITE 1	
Principal Pla	ice of Business	2a. Ma	2a. Mailing Address			Date Organized or Qualified			
uite, Apt #, et	C.	Suite, A	Suite, Apt #, etc.			07/02/1998 FL			
			City & State			4. FEI Number Applied For 59–3522738			
City & State					5. Date of Last		6. Certificate of	Not Applicable Status Desired	
p	Country	Ζιμι		Country			\$8.75 Additional F	ee Required	
	7. Name and Address of Curre	ent Registere	d Agent	Name	8. Name and Address of New Registered Agent/Office				
s registered of	the provisions of Sections 608.4 fice or registored agent, or both, in gent, and accept the obligations.	16 and 608-50 the State of Fi	98, Florida Statul lorida Such char	City les, the above-named li nge was authorized by a	mited liability company firmative vote of a majo	FL submits this sta rity of the memb	Zip Code Lilement for the purpoors. Thereby accept to	ose of changir the appointme	
IGNATURE _	(Hege ferest Agent Accep	hisj Appointments	the Controp to a cita	ger Esignafate trignitos (włonise	e Artis p	DATE			
). Title	Managing Members/Mana			Business Street Add	Iress	Cı	ty, State and Zip Co	de	
IGR G	HASTANG, FERRE	JJ., SI I	1400	WEST FAIRB		ФООО -05/	CR PARK F 28719 11/99010 *188.75 *	32 184024	
1 Idaharah	certify that the information supplies annual report is true and accure	d with this filing	agloes not qualify	for the exemption state	d in Section 119.07(3) (i	. Ftorida Statute	s Hurthercertily tha	t the informate	