	or before May 1, 1999 or to a \$ 400.00 LATE FEE		Liability	Com	pany will be	• 1	<u>S</u> [	ም ዚ ም ዕድደለና ያዋር	D OF STATE
	D LIABILITY COMPANY ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS				
FILING \$ 188.	FEE Annual Report \$100.00 .75 Make Check Payable T								
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000988									
53RD STREET INVESTMENT, LLC 7225 N.W. 25TH STREET MIAMI FL 33122						18. Principal Place of Business Address 7225 N.W. 25TH STREET MIAMI FL 33122			
2 Principal Place of Business 2a. Mailir			ling Address			Date Organized or Qualified			Formation
72 Suite, Apt. #, etc. Suite, A			7225 N.W. 25TH STREET			07/07/1998 FL			
			SUITE 110			4. FEI Number Applied For 65–0849068			⊒
			MIAMI, FLORIDA			Not Applicable  5. Date of Last Report  6. Certificate of Status Desired			<del></del>
Zip	Country	7(p) 3312	22	Count	•			\$8.75 Addition	al Fee Required
	7. Name and Address of Current				T	Name and Addres	s of New Regis	tered Agent/O	ffice
9100 SOUTH DADELAND BLVD., SUITE 504 MIPMI FL  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt #, etc  City  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. Thereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE									
10. Title	Hitle Response Agent sejantan respectable non tres.  Business Street Address			City, State and Zip Code					
MGR	Managing Members/Managers		7225 N	I.W.	25TH STE		MIAMI 1010012 -0371	FL 2803 17990	0210 1100021 ****188.7\$
11 Ido 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: M.A. GRONDIN 2/24/99 305-592-7090									

INHSE10 R (12-98)