File on or before May 1, 1999 or Limited Liability Company will be

subject to a \$ 400.00 LATE FEE.									
,	ANNUAL RE 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS Corporation Supplemental Fee		FILED 99 MAR -1 PM 3: 14			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							WELVEY :	ii. () .	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000011026						SEGNETARY OF STATE TALLAHASSEE, FLORIDA			
POTOMAC TRAIL REALTY, L.C. 2295 CORPORATE BOULEVARD, N.W., STE 134 BOCA RATON FL 33431							1a. Principal Place of Business Address 2295 CORPORATE BOULEVARD, N. BOCA RATON FL 33431		
2 Princip	al Place of Busin	ess	2a. Mailing Address			3. Date Organized or Qualified 3a. State of Formation			
Suite Ant	Suite, Apt. #, etc.			Suite Apt # etc			998	FL	
Suite, Apr	. #, 810.		Suite, At	Suite, Apt. #, etc.				Applied For	
City & State			City & State			5. Date of Last Report		Not Applicable 6. Certificate of Status Desired	
Zip	Country		Zip Country		itry			\$8.75 Additional Fee Required	
	7. Name a	nd Address of Current	Registered	Agent	1 8 1	Name and Address	of New Regis	tered Agent/Office	
ROTHMAN, LEE N 2295 CORPORATE BOULEVARD, N.W., STEIN Street Address (P.O. Box Number is Not Acceptable) Suite. Apt #, etc Suite. Apt #, etc Suite. Apt #, etc Suite. Apt #, etc Typ Code PL 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 prits registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby acc as registered agent, and accept the obligations. SIGNATURE (Registrated Acceptang Approximate) (NOTE Registered Agents agent Acceptang Approximate Corporation Country Cou								S, SS + + + 1 SS 75 Zip Code ment for the purpose of changing s. I hereby accept the appointment	
10. Title	Managing Members/Managers			Busin		City, State and Zip Code			
	ASPEN F	_	cs,		PORATE BOU	JLEVARD, RAL PARKW	FLORAI	RATON FL DARK NY	
16 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. If urther 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 hability 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 AND TYPE CORPORATED NAME OF DISTURBE MANAGEMENT MEMORIAL CONTRACTOR AS

INHSE10 R (12-98)