	D LIABILITY COMPANY NNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State	FI	LED 6 AM 8:	W1/14
188. Name a	FEE Annual Report \$100.00 + \$88.75  Make Check Payable To: FLOP		SECHI TALLAH	CSEPE FLO	ATE RID <b>A</b>
F	FLORIDA WSS #6, L.L.C. 2275 South Federal Highway Delray Beach, FL 33483-3381	'.	1a. Principal Pla 2275 S		ddress Il Highway
Principa 27. ite, Apt.	5 S. Federal Huy 22	755 Feoeral Huy pt. #, etc.	3. Date Organize 07/13/1 4. FEI Number		3s. State of Formation FL
18 SM	ay Beach FC Deposition of the Country USA 210 3	ray Bench FL 3483 Country NSA	65-68 5. Date of Lest F	32-3 3 eport	Applied For Not Applied For Not Applicat  6. Certificate of Status Desire  88 75 Additional Fee Required
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register	ed office or registered agent, or both, in the State of Fl red agent, and accept the obligations.	S, Florida Statutes, the above-named lightled	tive vote of a majorit	OATE	33 483 ment for the purpose of changi
egisterregister NATUI	ed office or registered agent, or both, in the State of Flored agent, and accept the obligations.  RE	8, Florida Statutes, the above-named lighted orida. Such change was authorized by affirmation (NOTE Registered Agent signature required when reinstating	TE BIVD.	City,  BOCA R  Delra	ment for the purpose of changing the special state and Zip Code  CATON FT  y Black FL  33 /8
egisterregister NATUI	ed office or registered agent, or both, in the State of Flired agent, and accept the obligations.  RE (Registered Agent Accepting Appointment)  Managing Members/Managers  CAST COMMUNICALIONS,	8, Florida Statutes, the above-named lighted orida. Such change was authorized by affirmation of the such change was authorized by a such change was a such change with the such change with the such change was a such change with the such change with the such change was a such change with the suc	TE BIVD.	City.  BOCA R  DelrA	33 /8 3 ment for the purpose of changi . I hereby accept the appointme