


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS  99 MAR -9 AM 10:25	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>C-VETTE PROPERTIES, L.C. 9750 S.W. 168TH STREET MIAMI FL 33157</b>		<b>DOCUMENT # L98000001048</b>		1a. Principal Place of Business Address  <b>9750 S.W. 168TH STREET MIAMI FL 33157</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		2a. Mailing Address <b>9621 So Dixie Hwy</b>  Suite, Apt. #, etc.  City & State <b>MIAMI, FL</b>  Zip <b>33156</b>		3. Date Organized or Qualified <b>07/14/1998</b>  3a. State of Formation <b>FL</b>  4. FEI Number <b>65-0849808</b>  5. Date of Last Report	
				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>KURZWEIL, HOWARD E 2151 LE JEUNE ROAD, MEZZANINE CORAL GABLES FL 33134</b>		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) <b>400002800754--E</b>  Suite, Apt. #, etc. <b>-03/10/99 -01060--005</b> <b>****188.75 ****188.75</b>  City <b>FL</b>  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. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when filing this)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ZISMAN, DAVID	7445 S.W. 140TH DR.		MIAMI FL	
MGRM	ZISMAN, LAURA	8240 S.W. 91ST ST.		MIAMI FL	
MGRM	ZISMAN, JONATHON	18720 S.W. 84 COURT		MIAMI FL	
11. I do 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: <i>Laura Zisman</i>		2/29/99 305666-3312			