


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE CIVIL 99 MAY -3 PM 1:50 untn 5/5	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company O.K. VENTURES, LLC 1069 EDGEHILL ROAD WEST PALM BEACH FL 33417		DOCUMENT # L98000001069		1a. Principal Place of Business Address 1069 EDGEHILL ROAD WEST PALM BEACH FL 33417	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 07/14/1998 3a. State of Formation FL 4. FEI Number 65-0851951 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent GOLIS, PAUL R 1200 NORTH FEDERAL HIGHWAY BOCA RATON FL 33432		8. Name and Address of New Registered Agent/Office Name STUART M. LEDIS Street Address (P.O. Box Number is Not Acceptable) 1069 EDGEHILL RD Suite, Apt. #, etc. City WEST PALM FL Zip Code 33417			
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 Stuart M. Ledis DATE 4/28/99 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not in office)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	LEDIS, STUART M	1069 EDGEHILL ROAD		WEST PALM BEACH FL 33417	
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: Stuart M. Ledis - STUART M. LEDIS 4/28/99 5614780416 100002868831--4 -05/10/99--01006--016 ****188.75 ****188.75					