LIMITED LIABILITY COMPANY  ANNUAL REPORT  1999  FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			FIL	FILED 99 MAY - 3 PM 1: 01	
Name and Mailing Address		EPARTMENT OF STAT			
BEECHWOOD ENTE 6801 EAST CYPR PARKLAND FL 33	RPRISES L.C. ESSHEAD DRIV	1a. Principal Place of Busines 6801 EAST CY	1a. Principal Place of Business Address 6801 EAST CYPRESSHEAD DRIVE PARKLAND FL 33067		
Principal Place of Business	2a. Mailing Addr	ress	3. Date Organized or Qualified	d 3a. State of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc		07/16/1998 4. FEI Number	FL Applied For	
City & State	City & State		65-05306		
Zip Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required	
7. Name and Address of	Current Registered Agent	Name	8. Name and Address of New Reg	istered Agent/Office	
Pursuant to the provisions of Sections 6 segistered office or registered agent, or but is registered agent, and accept the obligations of Signature.	oth, in the State of Florida Sur ions		irmative vote of a majority of the memb	ntement for the purpose of changin	
Title Managing Members/N		Business Street Addre		ty, State and Zip Code	
MGRM BEECHWOOD PAR	TNERS, LT 68	O1 EAST CYPRES	***	LAND FL   PP 71 PF;1 /1179901083004 **188.75 ****188.	
I do hereby certify that the information support is true and act mited liability company or the receiver or frostachment with an address.	ocurate and that my signature	e shall have the same legal effe	ct as if made under oath, that I am a ri	nanaging member or manager of th	