


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 DIVISION OF CORPORATIONS 99 MAR 18 PM 4:13	
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 TIMBA, L.C. 2898 BISCAYNE BOULEVARD MIAMI FL 33137		DOCUMENT # L98000001251 1a. Principal Place of Business Address 2898 BISCAYNE BOULEVARD MIAMI FL 33137			
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 07/28/1998 3a. State of Formation FL 4. FEI Number 65-0854973 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 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 WEIDER, NORMAN S ESQ. 100 S.E. 2ND STREET, STE 3910 MIAMI FL 33131			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State 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 _____ <small>(Registered Agent Accepting Appointment) (Not: Registered Agent Signature required when not changing)</small>			DATE _____		
10. Title MGRM MARTINEZ, OMAR mgrm Rhades, Steven		Managing Members/Managers 2898 BISCAYNE BOULEVARD SAME		Business Street Address MIAMI FL SAME	
City, State and Zip Code		City, State and Zip Code			
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: _____ <small>SIGNATURE AND FULL CORPORATE NAME OF SECRETARY, MANAGER, MEMBER OR MEMBER WITH ATTACHMENT WITH AN ADDRESS</small>					