


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 MAY -3 AM 8:29

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company VINELAND PARTNERS, L.L.C. C/O ROBERT S. FORMAN, ESQ. 2101 WEST COMMERCIAL BLVD., SUITE 4100 FORT LAUDERDALE FL 33309	DOCUMENT # 198000001295
--	--------------------------------

1a. Principal Place of Business Address
**C/O ROBERT S. FORMAN, ESQ.
2101 WEST COMMERCIAL BLVD.,
FORT LAUDERDALE FL 33309**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 07/31/1998	3a. State of Formation FL
		4. FEI Number 65-0854282	<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 FOREMAN, ROBERT S ESQ. 2101 WEST COMMERCIAL BLVD., SUITE 41 FORT LAUDERDALE FL 33309	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 33309
--	--

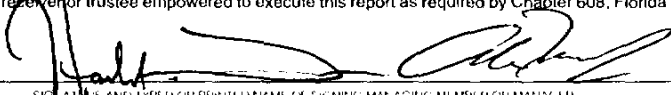
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TOMLINSON, HAROLD L	6701 N.W. 70TH PLACE	PARKLAND FL
MGRM	MUXO, ALEX	2510 PRINCETON COURT	FORT LAUDERDALE FL

8000002865878--1
-05/06/99--01103--004
****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  2/24/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #