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

<u>subjec</u>	t to a \$ 400	.00 LATE FEE.						,					1
	ED LIABILITY ANNUAL REI 1999	ACT TO		e Hari of Stat	ris te	FILED							
	FEE Annua	Report \$100.00	\$88.75	Corporat	ion S	uppler	nental Fee	ĺ	99	APR 12	PM 3: !	51	Į.
\$ 188 1. Name	.75 Make		L98000001381				SECNETANT OF STATE						
of Limi	ited Liability Comp	any DOCU	#				TALLAHASSEE, FLORIDA  1a. Principal Place of Business Address						
	5300 NW	TAL, LLC 33RD AVENU DERDALE FL			18			53	WM 008	33RD		E, SU: 33309	ITE 1   { {
2 Princip	ng Address				3. Date Organized or Qualified 3a. State of Formati 08/07/1998 FL			on					
Suite, Apt. #, etc. Suite, Ap				t. #, etc.				4. FEI Number				Applied For	
City & State City &				State				69	5-0	8622	78	( <u></u>	
Zip	Zip Country			Countr			5. Date of Last		tle of Last R	·		ditional Fee Required	
7. Name and Address of Current Registered Agent							8. 1	8. Name and Address of New Registered Agent/Office					
701 MIAM	Street Address ( Suite, Apt. #, etc.				P.O. Box Number is Not Acceptable)  Zip Code								
its registe	red office or registe	s of Sections 608.416 a red agent, or both, in the cept the obligations.											
SIGNATU	JRE	(Registered Agent Acces ling A	ne selvente H	VOIE Recovered	Agent sig	makate fera i	 Produktan franskij tra	į l	(	ATÉ			
10. Title Managing Members/Managers				Business Street Address				City, State and Zip Code					
MGR	SPRAGUE	, KARL		5300	NW	33RI	D AVENU	JE,	SULTE	FORT	LAUDE	RDALE	FL
MGR	GULLMAN	, JOHN		5300	NW	33R	D AVENU	JΕ,	SUITE	FORT	LAUDE	RDALE	FL
MGR	ROBINSC	N, TIM		5300	NW	33R	D AVENU	JE,	SUITE	FORT	LAUDE	RDALE	FL
i						90	1.15.9	7	FH	-04/	2842 16/99 *188 75	-01104-	3\$ -009 188.79

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther 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 Imited 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.

INHSE10 R (12-98)