


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 99 FEB 22 AM 8: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
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 DOCUMENT # L98000001396 157 EAST BREVARD CORPORATION, LLC 822 SARNO ROAD, UNIT 3 MELBOURNE FL 32935		1a. Principal Place of Business Address 822 SARNO ROAD, UNIT 3 MELBOURNE FL 32935															
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 08/10/1998 3a. State of Formation FL 4. FEI Number 59-3528306 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
7. Name and Address of Current Registered Agent STERNBERG, DON 822 SARNO ROAD, UNIT 3 MELBOURNE FL 32935		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															
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) (If Not, Registered Agent Signature Required When Related to Corp.)</small>		DATE _____															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>STERNBERG, DON</td> <td>822 SARNO ROAD, UNIT 3</td> <td>MELBOURNE FL</td> </tr> <tr> <td>MGRM</td> <td>STERNBERG, MICHAEL</td> <td>822 SARNO ROAD, UNIT 3</td> <td>MELBOURNE FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	STERNBERG, DON	822 SARNO ROAD, UNIT 3	MELBOURNE FL	MGRM	STERNBERG, MICHAEL	822 SARNO ROAD, UNIT 3	MELBOURNE FL
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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. 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: <i>[Signature]</i> STERNBERG, MICHAEL 17 FEB 99 40257-1516 <small>SIGNATURE AND TYPED NAME OF LIMITED LIABILITY COMPANY MANAGER OR REGISTERED AGENT REQUIRED</small>																	