2 nd and File on or before Se F(NAL NOT(CE: will be dissolved.	pt. 29, 19!	99 or Limited L	lability C	ompany				
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			ne Harris y of State		DIAISI		PURATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					9 9 J	UL 26 P	M 2: 17	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 1.98000001486								
ALLIED FINANCIAL PLANNING, LLC ONE SOUTHEAST THIRD AVENUE, 15TH FLOOR MIAMI FL 33131				1	ONE SOUTHEAST THIRD AVENUE, MIAMI FL 33131			
2. Principal Place of Business	ng Address			3. Date Organize	ed or Qualified	3a. State of Formation		
Suite, Apt #, etc. Suite, Ap		t. #, etc.			08/18/1998 F1. 4. FEI Number			
City & State City & St		ate					Not Applicable	
Zip Country	Zip	Co	ountry	\[\forall \]	i. Date of Last R	eport	6. Certificate of Status Desired S6.75 Additional Fee Required	
7. Name and Address of Current	Registered .	Agent		8. Na:	me and Address	of New Regis	stered Agent/Office	
ONE SOUTHEAST THIRD AVENUE, 15TH FLO MIAMI FL 33131 Suite, Apt. i Suite, Apt. i City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named lifts registered office or registered agent, or both, in the State of Florida. Such change was authorized by a as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when recovered				ned limited lial d by affirmative	ited liability company submits this statement for the purpose of changing mative vote of a majority of the members. I hereby accept the appointment			
1). Title Managing Members/Manager	OTF Registered Agent signature required when reinstating Business Street Address				City	, State and Zip Code		
MGRM BERKOWITZ, RICHAR MGRM BRANY, BARRY M	D A	ONE SOUT			AVENUE	IMAIM	1	
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. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SHANAGING MEMORIANGER. (Date Printed 1)								