1	d liability (annual rep 1999	A		Kat Se	herine H pretary of			FIL SECRETARY VISION OF CO	ED OF STATE DRPORATIONS	
\$ 188.	.75 Make	Report \$100.00 Check Payable	To: FLOF		RTMEN	OF STAT	ee 9 :	9 MAY 24	AM 11: 1 1	
	ted Łłábility Compa			- ••		•	1a. Principal P	lace of Business	Address	
		HOMES AT . 87TH AV 33174		THVE2	۰. u. u. u			.W. 87T FL 3317	H AVENUE 4	
2 Principal Place of Business			2a. Mailing Address			3. Date Organ	3. Date Organized or Qualified 38. State of Formation			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08/21/1998 FL			
зопе, мр. ж, ес.							4. FEI Numbe		Applied For	
City & State			City & State					87447		
Zip	Co	untry	Zip		Countr	у У	5. Date of Las	Report	6. Certificate of Status Desired S8 75 Additional Fee Required	
<u></u>	7. Name and	Address of Curren	t Registere	Agent			6. Name and Addre	ss of New Regis		
WAYNE, ROBERT					<u> </u>	Name				
1225 S.W. 87TH AVENUE MIAMI FL 33174					Street Address (F Suite, Apl. #, etc		ss (P.O. Box Numbe	P.O. Box Number is Not Acceptable)		
							etc			
						Suite, Apr. #,	eic.			
						City	u u	FL	Zip Code	
	red office or register						rmative vote of a majo	rity of the member	ment for the purpose of changing s. I hereby accept the appointment	
as register	2							DATE		
as register SIGNATU	RE	(Registered Agent Accepting		(NOTE Registered	_		tatog)		State and Zie Code	
as register	RE	Registered Agent Accepting		(NOTE Registered	_	ss Street Addre	tatog)		State and Zip Code	
as register SIGNATU	REManagi		rs		Busine		പറച്ച 988 		·	
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as register SIGNATU 10. Title	REManagi	ng Members/Manage	rs		Busine	ss Street Addre	AVENUE	City MIAMI (H)()(); 06/0	FL 2:35:22445)2/9901046013	

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