
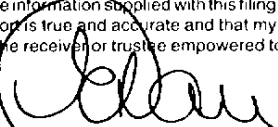


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 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 <b>DOCUMENT # L98000001597</b>  NDC ASSOCIATES, L.C. 39 BRIGHTON AVENUE BOSTON MA 02134		1a. Principal Place of Business Address  7561 CORDOBA CIRCLE NAPLES FL 34109			
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 <b>08/26/1998</b>  3a. State of Formation <b>FL</b>  4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent  LAWSON, LINDA A ATTY. 866 99TH AVENUE NORTH NAPLES FL 34108		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> 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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (Not a Registered Agent Signature required when noted group)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SCHEINHOLZ, ARTHUR	39 BRIGHTON AVENUE		BOSTON MA	
MGRM	DARER, ENRIQUE	39 BRIGHTON AVENUE		BOSTON MA	
5.00002824385- --0 -03/30/99--01097--004 ****188.75 ****188.75  3-25-99					
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. 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:  3/19/99 (617) 787-6501 <small>SIGNATURE AND TYPE OF OFFICIAL NAME OF STATE FILING OFFICE MEMBER FOR MATTERS</small>					