
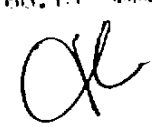


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED APR 21 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1 Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L98000001599</b> 1801 BUILDING, LLC 1801 N.W. 82ND AVENUE MIAMI FL 33126-1013		<b>1a. Principal Place of Business Address</b> 1801 N.W. 82ND AVENUE MIAMI FL 33126			
<b>2 Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. Date Organized or Qualified</b> 08/26/1998 <b>3a. State of Formation</b> FL <b>4. FEI Number</b> 65-0862471 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>5. Date of Last Report</b> <b>6. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b> AGUIRRE, JOSE 1801 N.W. 82ND AVENUE MIAMI FL 33126			<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code FL		
<b>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.</b>					
SIGNATURE _____			DATE _____		
<small>(This form is for a registered agent or office. If the filer is a registered agent or office, the filer must be a natural person.)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGRM	AGUIRRE, JOSE	1801 N.W. 82ND AVENUE		MIAMI FL	
MGR	ROBERTS, LEONARD C	1801 N.W. 82ND AVENUE		MIAMI FL	
MGR	ROBERTS, BRUCE D	1801 N.W. 82ND AVENUE		MIAMI FL	
MGR	GLUKSTAD, PHYLLIS	1801 N.W. 82ND AVENUE		MIAMI FL	
600002859076--2 -04/30/99--01125--002 ****188.75 ****188.75 					
<b>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.</b>					
SIGNATURE: _____		JOSE AGUIRRE 4/16/99 305-5940038 <small>SECRETARY OF STATE DIVISION OF CORPORATIONS</small>			