
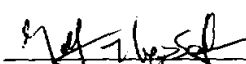


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 LM PUBLICATIONS, LLC 801 BRICKELL AVENUE, SUITE 1501 MIAMI FL 33131		DOCUMENT # L98000001605	
2 Principal Place of Business 2555 Collins Ave Suite, Apt. #, etc. 1508 City & State Miami Beach, FL Zip 33140 Country USA		2a. Mailing Address 2555 Collins Ave Suite, Apt. #, etc. 1508 City & State Miami Beach, FL Zip 33140 Country USA	
3. Date Organized or Qualified 08/25/1998		3a. State of Formation FL	
4. FEI Number 65-0864437		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired <input type="checkbox"/> SE 7a Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent TOLAND, BRUCE J 801 BRICKELL AVENUE, SUITE 1501 MIAMI FL 33131		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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LEPSELT, GEOFFREY	2555 COLLINS AVE., APT. 15	MIAMI BEACH FL
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:  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> 8/1/99 (305) 535-5603 <small>Date Daytime Phone #</small>			

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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August 1, 1999

**Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314**

Enclosed please find my check for \$188.75 for LM Publications, LLC 1999 annual report. Please note, I did not receive my report in the mail until July 20, 1999 and therefore I have not included the late fee.

I was instructed to write this note when I called the Division of Corporations in Tallahassee at (850) 487-6051.

If you have any questions please call me at (305) 535-5603.

Sincerely,

A handwritten signature in black ink, appearing to read "Geoffrey Lepselter".

Geoffrey Lepselter
Managing Member

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SECRETARY OF STATE
TALLAHASSEE FLORIDA