2 nd and File on or before Sept. 29, 199 FINAL NOTICE; will be dissolved.	9 or Limited Liability Company	
LIMITED LIABILITY COMPANY ANNUAL REPORT	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
1999	DIVISION OF CORPORATIONS	99 JUL -14 PM 2: 45
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Make Check Payable To: FLORI		
Name and Mailing Address of Limited Liability Company	# L98000001640	1a. Principal Place of Business Address
THE GRYKIEN GROUP, L.C. 751 N.E. 69TH STREET BOCA RATON FL 33487		751 N.E. 69TH STREET BOCA RATON FL 33487
	ng Address NE 69th St	3. Date Organized or Qualified 3a. State of Formation
$751 \text{ N} \in 6945 \text{ St} \qquad 751$ Suite, Apt. #, etc. Suite, Apt		08/27/1998 FI. 4. FE Number
City & State BOCO Roton FC BOC	a Ruton FC	223608244
Zin Country Zip	487 Country S. A.	5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required
7. Name and Address of Current Registered		Name and Address of New Registered Agent/Office
CIRINA, PETER J 751 N.E. 69TH STREET BOCA RATON FL 33487		P.O. Box Number is Not Acceptable)
	City	-07/20/9901095016 **** <mark>38-35 *****38.7</mark> FL
Pursuant to the provisions of Sections 608.416 and 608.508, its registered office or registered agent, or both, in the State of Flor as registered agent, and accept the obligations.	Florida Statutes, the above-named limited rida. Such change was authorized by affirmate.	d liability company submits this statement for the purpose of changing ative vote of a majority of the members. I hereby accept the appointmen
SIGNATURE(Registered Agent Accepting Appointment) (N	OTE Registered Agent signature required when reinstating	DATE
10. Title Managing Members/Managers	Business Street Address	City, State and Zιρ Code
MGRM CIRINA, PETER J	751 N.E. 69TH STR	EET BOCA RATON FL
MGRM CIRINA, EILEEN	751 N.E. 69TH STR	EET BOCA RATON FL
		\$99158900136 -05/17/9990091003 ****150.00 ****150.0
		05/1/99-90091-003 \$15000
		\$15000
		dt 7/1/
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. If urther 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: E. CLRINA 7/12/99 94/18		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER CONTROL OF SIGNING MANAGING MEMBER OF MANAGER CONTROL OF SIGNING MANAGER CONTROL		

INHSE10 R (6/99)