

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company PDAMART, L.L.C. 1833 HENDRY STREET FORT MYERS FL 33901	DOCUMENT # L98000001648
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1a. Principal Place of Business Address 1833 HENDRY STREET FORT MYERS FL 33901
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2. Principal Place of Business 430 S. Congress Ave. Suite, Apt. #, etc. 1B City & State Delray Beach, FL Zip 33445	2a. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified 08/27/1998	3a. State of Formation FL
4. FEI Number 650861631	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent SNELL, MARY V 1833 HENDRY STREET FORT MYERS FL 33901
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8. Name and Address of New Registered Agent/Office Name A. Richard Sloane Street Address (P.O. Box Number is Not Acceptable) 430 South Congress Ave. Suite, Apt. #, etc. 1B City Delray Beach FL Zip Code 33445
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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 *[Signature]* DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SLOANE, A. RICHARD	450 ACORN LANE 430 S. Congress Ave. #1B	DOWNTOWN PA Delray Beh, FL 33445

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[Signature]

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: By: *[Signature]* **A. Richard Sloane** 561 278 2600