ELIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FILING FEE INSECTION of State PURSON OF CORPORATIONS FILING FEE \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS 99 MAR 16 PM 1: 34 FILED 10 MARC Check Payable To: FLORIDA DEPARTMENT OF STATE 1 ALLAHASSE, FLORIDA I.S., EPS, LLC 10 40 BAYVIEW DRIVE, #528 FORT LAUDERDALE FL 33304 1 Principal Place of Business 2a. Mailing Address 2a. Mailing Address 3. Date Organized or Counted The Principal Place of Business 2b. Date of Leaf Report 6. Centricate of Status Desired To Country 2p	Ç File on e	or before I	May 1, 1999	or Limited	Liability	Com	pany will b	e				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable Tot FLORIDA DEPARTMENT OF STATE 1 Nation and Making Address DOCUMENT # 1980000015b0 of cleaker Lability Company LS, EPS, LIC 1040 RAYVIEW DRIVE, #528 FORT LAUDERDALE FL 33304 2 Principal Place of Business Address 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FL 33304 3 Date Cognitive of Dusiness Address 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FL 33304 2 Principal Place of Business Address 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FL 33304 3 Date Cognitive of Dusiness Address 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FL 33304 5 Date Cognitive of Dusiness Address 1040 Bayview Drive of Dusiness Address 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FL 33309 7. Name and Address of Current Registered Agent	subject LIMITE	to a \$ 400 D LIABILITY ANNUAL RE	1.00 LATE F COMPANY PORT	EE.	FILED							
Name and Malling Address DOCUMENT # L980UOUI660 The LAMASSET, LORBA								<u> </u>	• • • • • • • • • • • • • • • • • • • •			
L.S. EPS, LIC 1040 BRYVIEW DRIVE, \$528 FORT LAUDERDALE FL 33304 2 Principal Place of Business 2 A. Mailing Address 3 Date Organized or Outline FORT LAUDERDALE FL 33304 2 Principal Place of Business 3 Date Organized or Outline FL 33304 3 Date Organized or Outline FL 33304 2 Principal Place of Business 3 Date Organized or Outline FL 33304 3 Date Organized or Outline FL 34FRINGED FROM LAUDERDALE FL 33309 8 Pursuant to the previsions of Sections 608 418 and 608 808. Floride Statutes, the above named familied liability company sub-mits the statement for the purpose of changing as registered dignet or both, in the State of Fronds Statutes, the above named familied liability company sub-mits the statement for the purpose of changing as registered organized agent or both, in the State of Fronds Statutes, the above named familied liability company sub-mits the statement for the purpose of changing as registered organized agent or both, in the State of Fronds Statutes, the above named familied liability company sub-mits the statement for the purpose of changing as registered organized agent or both, in the State of Fronds Statutes, the above named familied liability company sub-mits the statement for the purpose of changing as registered agent or both, in the State of Fronds Statutes, the above named familied liability company sub-mits the statement for the purpose of changing as registered agent or both, in the State of Fronds State of Frond	1. Name a	and Mailino Addr	ess DO		TALLAHASSEE, FLORIDA							
Suite, Apt #, etc. Suite, Apt #, etc. Suite, A	1	1040 BAY		1040 BAYVIEW DRIVE, #528								
Suite, Apt #, etc. City & State Report 6. Centricate of Status Desired ETERDINAND & SULLIVAN, P. A. 100 WEST CYPRESS CREEK ROAD, SUITF 9 FORT LAUDERDALE F1 33309 Street Address (P.O. Box Number is Not Acceptable) S	2 Principa	2 Principal Place of Business 2a.				a. Mailing Address					i i	
City & State City & State City & City & State City & City & State City & Ci	Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.								
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office FERDINAND & SULLIVAN, P.A. 100 WEST CYPRESS CREEK ROAD, SUITE 9 FORT LAUDERDALE FL 33309 Street Address (P.O. Box Number is Not Acceptable) DATE Reported to the provisions of Sections 508 416 and 608 508, Florida Statutes, the above named lember of the interest Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Report (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Report (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Report (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Report (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is N	City & Stat	te	City & Sta	City & State			Applied For					
FERDINAND & SULLIVAN, P.A. 100 WEST CYPRESS CREEK ROAD, SUITF 9 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Surie, Apt. #, etc City FL Zip Code 8. 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 the registered office or registered agent, or both, in the State of Florida Such change was authorized by altimative votor of a majority of the members. I hereby accept the appointment as registered agent, and acceptable SIGNATURE Business Steel Address City State and Zip Code MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI FINGUITY FINANCIAL F	Zip Country			Zip	Zip Country						te of Status Desired	
Since Address (P.O. Box Number is Not Acceptable) DATI On the Managing Members/Managers Business Street Address Since Address (P.O. Box Number is Not Acceptable) Since Address (P.O. Box Number is Not Accept	7. Name and Address of Current Regist				ered Agent			Name and Address	s of New Regis	atered Agent/Office		
10. Title Managing Members/Managers Business Street Address City. State and Zip Code MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI, F:: 05666 MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DR. 1040 BAYVIEW DR. 1040 BAYVIEW DR	City Zip Code FL 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 cits 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. Thereby accept the appe											
MGR SIMKOWITZ, LOREN DR. 1040 BAYVIEW DRIVE, #528 FORT LAUDERDALE FI. F: 101075: 01:83- -13/26/9901115023 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 *****188.75 ******188.75 ******188.75 ******188.75 ******188.75 ******188.75 ******188.75 *****188.75 ******188.75 ******188.75 ******188.75 ******188.75 ******188.75 ******188.75 ******188.75 *******188.75 *******188.75 *******188.75 ***********************************	<u> </u>		(Registered Agent Acc		KOH Bog stored Ac							
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11. Ido hereby certify that the information supplied with this filing does not qualify for the examplion 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 me starte legal effect as if made under oath, that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report a futured by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:	MGR SIMKOWITZ, LOREN DR.							10002820688 8				
indicated on this annual report is true and accurate and that my signature shall have me fart legal effect as if made under oath, that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report a futured by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:				3-22-90 00 1/2/99 9 3-22-90 1/2/99 9								
	indicated of limited hat attachmen	on this annual repolity company or not with an address	oort is true and acco the receiver or trus s.	lied with this filing d urate and that my s tee empowered to	loes not qualify signature shall l execute this re	for the ex have me	mption stated in S same legal effect duired by Chapte	Section 119.07(3)(i), Fas if made under oath r 608, Florida Statute	i, that I am a mai s; and that my na	naging memb ame appears	per or manager of the in Block 10, or on an	
	SIGN	IATURE		NO TYPEO OR PRIMITO	NAME OF SIG	MANAGIPE	MEMBER OF MANAGE	4/29				