


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L98000001703
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TABULA RASA LIMITED LIABILITY COMPANY
650 WEST AVENUE, APT. 2505
MIAMI BEACH FL 33144

2. Principal Place of Business 1346 WASHINGTON AVE. State, Apt. #, etc. City & State Miami Beach FL Zip 33139 USA	2a. Mailing Address S AM E Suite, Apt. #, etc. City & State Zip Country
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1a. Principal Place of Business Address 650 WEST AVENUE, APT. 2505 MIAMI BEACH FL 33144 1346 WASHINGTON AVE. Miami Beach FL 33139	3. Date Organized or Qualified 09/04/1998	3a. State of Formation FL
4. FEI Number 66-0868535	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent VALE, ROBERT W 201 SOUTH BISCAYNE BLVD., SUITE 1500 MIAMI FL 33131	8. Name and Address of New Registered Agent/Office Name Dean Vilone Street Address (P.O. Box Number is Not Acceptable) 650 WEST AVE Suite, Apt. #, etc. # 2505 City Miami Beach FL Zip Code 33139
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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

DATE 9/10/99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	VILONE, DEAN	650 WEST AVENUE, APT. 2505	MIAMI BEACH FL
MGRM	ROCHAIX, JUAN A	5286 S.W. 69TH AVENUE	MIAMI FL

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11. I further 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 furnished 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: Dean Vilone

9/10/99 305-604
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