

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUN 17 PH 1:28

**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  
**DOCUMENT # L9800002004**  
  
**16590 Developers L.C.  
169 E. Flagler Street  
Suite 1035  
Miami, Florida 33131**

1a. Principal Place of Business Address  
**169 E. Flagler Street  
Suite 1035  
Miami, Florida 33131**

2. Principal Place of Business  
**169 E. Flagler Street**  
Suite, Apt. #, etc.  
**#1035**  
City & State  
**Miami, Florida**  
Zip  
**33131** Country  
**USA**

2a. Mailing Address  
**169 E. Flagler Street**  
Suite, Apt. #, etc.  
**#1035**  
City & State  
**Miami, Florida**  
Zip  
**33131** Country  
**USA**

3. Date Organized or Qualified  
**September 4, 1998**

3a. State of Formation  
**Florida**

4. FEI Number  
**65-0872880**  
 Applied For  
 Not Applicable

5. Date of Last Report

6. Certificate of Status Desired  
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
**ELLEN ROSE  
One Southeast Third Avenue  
Suite 2400  
Miami, Florida 33131**

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**200002911152--1**  
Suite, Apt. #, etc.  
**-06/21/99--01150--001**  
**\*\*\*\*188.75 \*\*\*\*188.75**  
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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
Manager	<b>Frida Witznitzer</b>	<b>169 E. Flagler St.</b>	<b>Miami, FL 33131</b>
Manager	<b>Rebeca Feldman de Wagenberg</b>	<b>169 E. Flagler St.</b>	<b>Miami, FL 33131</b>
Manager	<b>Itamar Avinami</b>	<b>169 E. Flagler St</b>	<b>Miami, FL 33131</b>

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 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 in attachment with an address.

SIGNATURE: Rebeca de Wagenberg 305-864184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date: Daytime Phone #