ile on or ubject to	before May 1, 1999 or a \$ 400.00 LATE FEE	r Limited L E.	lability Con	npany	will be					
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS							SECRETARY OF STATE DIVISION OF CORPORATIONS			
FILING FE	E Annual Report \$100.00	99 JUN 17 PH 1:28								
\$ 188.75 1. Name and					TATE					
1. Name and Mailing Address DOCUMENT # L98000002004 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 P	lace of Business		3. Date Organized or Qualified 3a. State of Formation							
169 I Suite, Apt. #, 6	R. Flagler Street	169 R Suite, Apt. #	Flagler	Street	<u> </u>	Septembe	er 4, 199	8 Florida		
#103	35	#103				4. FEI Number	Applied For			
City & State Miam	i, Florida	City & State	ami. Florida			65-087288 5. Date of Last F	Not Applicable 6. Certificate of Status Desired			
Ζφ 3313	Country	Zip 331	31	ntry USA		S. Date Of Last 1	iepoit	S8 75 Additional Fee Required		
	7. Name and Address of Currer			Name		lame and Addres	of New Regis	tered Agent/Office		
ELLEN ROSE One Southeast Third Avenue Suite 2400 Miami, Florida 33131					Address (P		ber is Not Acceptable) 20000291115206/21/9901150001 ****188.75 ****188.7 Zip Code			
its registered	o the provisions of Sections 608.41t office or registered agent, or both, in t agent, and accept the obligations.	the State of Florida	a. Such change was	authorize	d by affirmat	ive vole of a majorii	ubmits this state y of the members			
10. Title	(Registered Agent Accepting Appointment) (NOTE Register 1. Title Managing Members/Managers			Business Street Address			City,	, State and Zip Code		
inanoger	oje Frida Witznitzer		169 E Flage			SH.	, Pl 33131			
Manager	Rebeca Feldman de Wagenberg		169	Ĕ,	Plagler	5 1 -,	Miami,	Pl 33131		
nuvoser	Itamar Avinami		169	₽. 9	1agler	St	Miami.	P1 3313/		
								OF		

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. If urther certify that the informat 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 or attachment with an address.

SIGNATURE	SI	G	N	Δ.	TL	JF	3	E
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305-864184

Duytin a Phone #

Referen de Wagenferg
SIGNATURE AND TYPED CH PRIETED NAME OF SIGNING MANAGING MEMBER OR MANAGER