



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	
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 # L98000002084 LOUMAR L.L.C. 25101 S.W. 129 COURT HOMESTEAD FL 33032		1a. Principal Place of Business Address 25101 S.W. 129 COURT HOMESTEAD FL 33032	
2. Principal Place of Business 25101 SW 129 Ct Suite, Apt. #, etc. City & State Homestead FL Zip 33032 Country U.S.A	2a. Mailing Address 25101 SW 129 Ct Suite, Apt. #, etc. City & State Homestead FL Zip 33032 Country U.S.A	3. Date Organized or Qualified 09/30/1998 3a. State of Formation FL 4. FEI Number 25-0861229 5. Date of Last Report 09/30/1998	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. #211 PALM BEACH GARDENS FL 33418		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when reappointment)</small>		DATE _____	
10. Title MGR	Managing Members/Managers DIAZ, MARLON	Business Street Address 25101 S.W. 129 COURT	City, State and Zip Code HOMESTEAD FL 33032 200002868407--7 -05/07/99--01151--006 ****188.75 ****188.75 

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:  MARLON DIAZ

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-27-99 34-2571577

Date

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