	ED LIABILITY COMPANY ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State		FILED			
	1999			IVISION OF CORPORATIONS		99 APR 27 PM 12: 00		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					SECRETA OF LITATE TALLANDE FOLLORIDA			
1. Name of Limi	and Mailing Address ited Liability Company	CUMENT	# L98000002142					
•	1110 BRICKELL IN 701 BRICKELL AVE MIAMI FL 33131				701 BRICI MIAMI FL	KELL A	VENUE, SUITE 3	
2. Principal Place of Business 2a. I			Mailing Address		3. Date Organized o	r Oualified	3a. State of Formation	
Suite, Apt	. #, etc.	Suite, Ap	ot. #, etc.		10/06/1998 FL			
City & Sta	ate	City & St	ale		65-086985	2	Applied For	
Z _i p Country		Zip	Zip Coun		5. Date of Last Report		Not Applicable 6. Certificate of Status Desired 58.75 Additional Fee Required	
7. Name and Address of Current Registered			Agent	8.	Name and Address of			
its register as register	red office or registered agent, or both, red agent, and accept the obligations	n the State of Flo :	rida. Such change was a	FL florida Statutes, the above named limited liability company submits this stateme la. Such change was authorized by affirmative vote of a majority of the members. If			Zip Code ent for the purpose of changing hereby accept the appointment	
SIGNATURE			Htt. Beginned Agent signature request when remoting a Business Street Address		100	City, State and Zip Code		
MGR	1110 BRICKELL I	NVEST,	701 BRICK	ELL AVEN	·	41AM1 E -04/36 ***32	7L E:57552 79301047001 08.75 ****188.7	
indicated o limited liab	reby certify that the information supplie on this annual report is true and accur- ility company or the receiver or truste t with an address.	ate and that my s	ignature shall have the	same legal effect a	is if made under oath, that	t Lam a manag	ging member or manager of the	
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