


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 #			
MAXWELL/FRANKEL, L.C. 200 ADMIRALS COVE BLVD. JUPITER FL 33477		L98000002168			
2. Principal Place of Business		2a. Mailing Address		1a. Principal Place of Business Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		200 ADMIRALS COVE BLVD. JUPITER FL 33477	
City & State		City & State			
Zip	Country	Zip	Country		
3. Date Organized or Qualified		3a. State of Formation			
10/07/1998		FL			
4. FEI Number		5. Date of Last Report		6. Certificate of Status Desired	
65-0874481				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
FRANKEL, THOMAS 200 ADMIRALS COVE BLVD. JUPITER FL 33477			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			DATE		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature is required when agent is a corporation)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	FRANKEL, THOMAS	200 ADMIRALS COVE BLVD.		JUPITER FL	
MGRM	MAXWELL, MICHAEL	600 SANDTREE DRIVE, #202C		PALM BEACH GARDENS F	
511102803005-9 -03/11/99--01100--016 ****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:


SIGNATURE AND THREE OR FIFTEEN NAMES OF GROUPS MANAGING MEMBER COMPANY

3-1-99 561-744-1033