
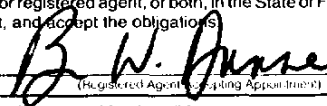



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 50 MAY 26 PM 5:00 SECRETARY OF STATE	
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 # L98000002255 MARC CHATEAU, L.C. 102 NORTHEAST 2 STREET, SUITE 241 BOCA RATON FL 33432		1a. Principal Place of Business Address 102 NORTHEAST 2 STREET, SUITE 241 BOCA RATON FL 33432			
2. Principal Place of Business 133 E. Palmetto Park Rd. Suite, Apt. #, etc. "C"		2a. Mailing Address 102 NE 2nd St. Suite, Apt. #, etc. 241		3. Date Organized or Qualified 10/15/1998	
City & State Boca Raton, FL		City & State Boca Raton, FL		3a. State of Formation FL	
Zip 33432		Zip 33432		4. FEI Number 65-0868876	
Country USA		Country USA		5. Date of Last Report	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent AMERILAWYER, 343 ALMERIA AVENUE CORAL GABLES FL 33134				8. Name and Address of New Registered Agent/Office Name Brian W. Dunne Street Address (P.O. Box Number is Not Acceptable) 102 NE 2nd St. Suite, Apt. #, etc. 241 City Boca Raton Zip Code FL 33432	
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  (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing)				DATE 5-20-99	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	SCHMITT, AXEL	102 NORTHEAST 2 STREET, SUITE 241		BOCA RATON FL	
MGR	DUNNE, BRIAN W	102 NORTHEAST 2 STREET, SUITE 241		BOCA RATON FL	
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. 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 TYPED OR PRINTED NAME OF SIGNER (MANAGER, MEMBER OR MANAGER)				4.27.99. DATE	