

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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1999			
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 <b>DOCUMENT #</b> L98000002321  @BRINT L.L.C. P.O. BOX 15635 FORT LAUDERDALE FL 33318		1a. Principal Place of Business Address  818 N.W. 89TH AVENUE PLANTATION FL 33324	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 10/15/1998 4. FEI Number 65-0877160	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent  MALHOTRA, MEENAKSHI 818 N.W. 89TH AVENUE PLANTATION FL 33324		5. Date of Last Report N/A 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		500002867915--2 -05/07/99--01121--008 ****1288.75 ****1288.75 FL	
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 signature required when reappointing)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MALHOTRA, MEENAKSHI	P.O. BOX 15635	FORT LAUDERDALE FL
MGRM	MALHOTRA, YAGESH	P.O. BOX 15635	FORT LAUDERDALE FL
		STREET ADDRESS: @BRINT L.L.C. 818, NW. 89th Avenue	PLANTATION, FL 33324-6102.
		5-4-99	500002867915--2 -05/07/99--01121--008 *****8.75 *****8.75
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: _____		April 25, 1999 (954) 916-1585	