LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee									
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STAT 1. Name and Mailing Address of Limited Liability Company OCUMENT # 100000000000000000000000000000000000						STORETARY (Self-lag)			
OI LIM	med Liability Co	mpany 200	J 01111 E 1 V	. " L98000	0002338	1a. Principal Place of Busin	ness Address		
	1732 S	O, L.L.C. OUTH CONGI PRINGS FL		ENUE, NO.	112	1732 SOUTH PALM SPRING			
2 Principal Place of Business 2a. Mails				ing Address		3. Date Organized or Quali	fied 3a . Stal	e of Formation	
			Apl #, etc.		10/21/1998 4. 7 El Number	Applied For			
City & State			City & \$	City & State		65.087041		Not Applicable	
Zip		Country	Zip	Cou	intry	5. Date of Last Report		cate of Status Desired	
7. Name and Address of Current Registered				d Agent	8.	Name and Address of New R			
its registe as registe	red office or regi ered agent, and		in the State of Fi			hability company submits this tive vote of a majority of the mer			
			Business Street Address		'	City, State and Zip Code			
	Mar		agers		riess Street Address		ony, oute and		
MGR	<u></u>	ROCHELLE				SS AVENUE PALI	M SPRIN DP:0342 /16/99- **197.50		