

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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 20 AM 11:44

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT #</b> L98000002345
BETTER LIFE CLUB, L.L.C. 525 ALHAMBRA CIRCLE CORAL GABLES FL 33134

1a. Principal Place of Business Address 525 ALHAMBRA CIRCLE CORAL GABLES FL 33134
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2 Principal Place of Business SAME	2a. Mailing Address SAME
Suite, Apt #, etc. SAME	Suite, Apt #, etc.
City & State SAME	City & State SAME
Zip SAME	Country
	Zip SAME
	Country

3. Date Organized or Qualified 10/21/1998	3a. State of Formation FL
4. FEI Number 65-0876255	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133
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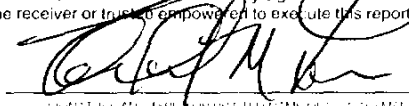
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited 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
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LEVIN, HERBERT M	525 ALHAMBRA CIRCLE	CORAL GABLES 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. 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: 	3/22/99 (305) 461-9160
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