

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
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 APR 26 AM 10:21

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company	DOCUMENT #
	L98000002378

IN ROAM DEVELOPMENT GROUP, L.L.C.
 2400 E. LAS OLAS BLVD., #295
 FORT LAUDERDALE FL 33301

1a. Principal Place of Business Address
2400 E. LAS OLAS BLVD., #295 FORT LAUDERDALE FL 33301

2. Principal Place of Business	2a. Mailing Address
415 Seven Isles Dr	2400 E LAS OLAS BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	# 295
City & State	City & State
Ft. Laud, FL	Fort. Laud. FLA
Zip	Zip
33301	33301
Country	Country
USA	USA

3. Date Organized or Qualified	3a. State of Formation
10/19/1998	FL
4. FEI Number	<input type="checkbox"/> Applied For
65-0879022	<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
N/A	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
MOSKOWITZ, MICHAEL S 2400 E. LAS OLAS BLVD., #295 FORT LAUDERDALE FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 33301

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 X [Signature] DATE 4-15-99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MOSKOWITZ, MICHAEL S	2400 E. LAS OLAS BLVD., #2	FORT LAUDERDALE FL

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 ****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: X [Signature] 4-15-99 954-764-8411