
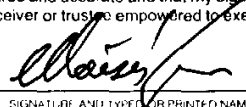


2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1 Name and Mailing Address of Limited Liability Company M.G. HOMES, L.C. 21332 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180		DOCUMENT # L98000002400	
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 21332 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/26/1998 3a. State of Formation FL <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number		5. Date of Last Report	
7. Name and Address of Current Registered Agent BEDZOW, MICHAEL ESQ. 20803 BISCAYNE BOULEVARD, SUITE 200 AVENTURA FL 33180		6. Certificate of Status Desired Sb 75 Address Office Required <input 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 Zip Code		300003023149--3 -10/25/99--01006--011 *****500.00 *****500.00 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 _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GORIN, MOISES	21332 WEST DIXIE HIGHWAY	NORTH MIAMI BEACH FL
			300003023149--3 -10/25/99--01006--012 *****88.75 *****88.75
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: 		10/5/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	