
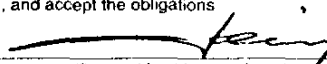
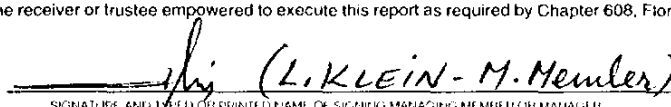


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 28 AM 8:45													
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 DOCUMENT # L98000002402 R.C.M. CREATIONS, LLC 9820 N. OTTO ROAD MEQUON WI 53092		1a. Principal Place of Business Address 9820 N. OTTO ROAD MEQUON WI 53092															
2. Principal Place of Business 18705 BISCAYNE BLVD Suite, Apt. #, etc. BOOTH 4 City & State AVENTURA, FL Zip 33180		2a. Mailing Address P.O. Box 15278 Suite, Apt. #, etc. City & State PLANTATION, FL Zip 33318		3. Date Organized or Qualified 10/22/1998 3a. State of Formation FL 4. FEI Number 39-1944034 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 CLOUGH, PAUL V 1860 N. PINE ISLAND ROAD, SUITE 104 PLANTATION FL 33322		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 200002870332... 8 Suite, Apt. #, etc. -05/11/99-01005-018 City FL Zip Code 33318															
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's signature required when terminating)																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>KLEIN, LOUIS</td> <td>9820 N. OTTO ROAD P.O. Box 15278</td> <td>MEQUON WI PLANTATION, FL 33318</td> </tr> <tr> <td>MGRM</td> <td>KLEIN, ANNA</td> <td style="text-align: center;">" "</td> <td style="text-align: center;">" "</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	KLEIN, LOUIS	9820 N. OTTO ROAD P.O. Box 15278	MEQUON WI PLANTATION, FL 33318	MGRM	KLEIN, ANNA	" "	" "
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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:  (L. KLEIN-M. Member) 04/23/99 (305) 937-2210																	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER																	