File on s	or before May 1, 1999 or to a \$ 400.00 LATE FEE	Limited	Liability	Com	pany will be	•			
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						00 AFR 25 BH 5: 00			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						Of CREDARY CASSIAN			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002472									HINA
, APOSTOLIC PLAZA, L.L.C.						1a. Principal Place of Business Address			
8781 BATES ROAD PALM BEACH GARDENS FL 33418						8781 BATES ROAD PALM BEACH GARDENS FL 33418			
2 Princip	al Place of Business	2a. Mailir	ling Address			Date Organized or Qualified 3a. State of Formation			
Suite, Apt.	# etc.	Suite, Apt. #, etc.				10/29/1998 FL			
					4. FEI Number			Applied For	
City & Stat	te	City & State				5. Date of Last Report 6. Certificate of Status Desired			
Zip Country				Count	ry	J			ale of Status Desired
	7. Name and Address of Current	Registered	Agent	ا۔۔۔۔ ۔۔۔۔	8.	Name and Addres	s of New Regis	stered Agent	t/Office
PALM BEACH GARDENS FL 33418 Suite, Apt. #, City 19. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limit its registered office or registered agent, or both, in the State of Florida. Such change was authorized by after						Zip Code Zip Code Add liability company submits this statement for the purpose of changing			
as registered agent, and accept the obligations. SIGNATURE (Registered Agent									
10. Title		Business Street Address			City. State and Zip Code				
MGRM WASHINGTON, CHARLES S			8781 BATES ROAD			ı~ı.	PALM I		GARDENS F
	,	-057				03/99	-01012001 ****188.75		
								1	
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther 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: Charle W Shufter 3/18/99 848 9/35									