File on or before May 1, 1999 or Limited subject to a \$ 400.00 LATE FEE.	l Liability Company will be	•
when .	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 99 MAY -3 PM 12: 57
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		1 - 一 (2.7 な)我により使えた Xon (10) ととりにも
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002568		TŽI ÜÄHASSEE, FL GRIDA
GOLDCOAST BEEF II, LLC 5700 LAKE WORTH ROAD, SUITE 209-9 GREENACRES FL 33463		18. Principal Place of Business Address 5700 LAKE WORTH ROAD, SUITE GREENACRES FL 33463
2 Principal Place of Business 2a. Maili	ng Address	Date Organized or Qualified 3a. State of Formation
2301 N Federal Hou 23 Suite, Api. #, etc. Suite, Ap		11/03/1998 FL 4. FEI Number Applied For
City & State Ci	oca Raton FL Country 431 USA	5. Date of Last Report 6. Certificate of Status Desired 88.75 Additional Fee Required
7. Name and Address of Current Registered		Name and Address of New Registered AgenVOffice
DANIELS, THEODORE 11152 BOCA WOODS LANE BOCA RATON FL 33428	Street Address (P	P.O. Box Number is Not Acceptable)
	Suite, Apt #, etc.	
	City	Zip Code
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 ingistered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as legistered agent, and accept the obligations. SIGNATURE		
10. Title Managing Members/Managers	Business Street Address	
MGR TURNER, C B	5700 LAKE WORTH RE	
	2301 N Federal t	twy Boca Rodon FL
		マロロロロ2871917 -05/12/9901005010 ****188 75 ****188,1
	42, p	,99
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: 1-38.99 SIGNATURE: 1-38.99 Digno Fisco.*		