


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 99 APR 30 AM 11:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L98000002593		1a. Principal Place of Business Address	
VIP RESOURCES, LLC 19910 N.W. 9TH DRIVE PEMBROKE PINES FL 33029				19910 N.W. 9TH DRIVE PEMBROKE PINES FL 33029	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/04/1998	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number 65-0874252	
Country		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired \$6.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
GREENE, MICHAEL STEVEN 201 SOUTH BISCAYNE BLVD., SUITE 900 MIAMI FL 33131				Name: <i>Greene, Michael Steven</i> Street Address (P.O. Box Number is Not Acceptable): <i>One Biscayne Tower</i> Suite, Apt. #, etc.: <i>200 Biscayne Blvd. Suite 3400</i> City: <i>Miami</i> FL Zip Code: <i>33131-1897</i>	
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: <i>[Signature]</i> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when appointing)				DATE: <i>4/28/99</i>	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	O'NEAL, BRIAN	1333 N.W. 121 AVENUE		PLANTATION FL	
MGR	HIRSCH, PATRICIA	19910 N.W. 9TH DRIVE		PEMBROKE PINES FL	
5010002868575--3 -05/07/99 -01156--014 ****188.75 ****188.75 <i>[Signature]</i> 5/4/99					

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: *Patricia G. Hirsch* PATRICIA G HIRSCH 24 Apr 99 9666  
SIGNATURE AND TYPE (FOR FUTURE NAME OF SIGNED MANAGER OR MEMBER) (NOTE: Signature and Type of Manager or Member is required when appointing)