2nd	and F	ile on or before :	Sept. 29. 19	99 or Limited Lia	bility Compan	v				
FINAL LIMITE	NOTICE:	VIII be dissolved		FLORIDA DEPARTM Katherine	ENT OF STATE	7	LED	49 1/27		
Secretary of State 1999 DIVISION OF CORPORATIONS						1	99 JUL 26 PH 3: 49			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee						99 305				
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002632						SECRLI TALLAHA	SECRETARY OF STATE TALLAHASSEE FLORIDA			
						1	1a. Principal Place of Business Address			
GLOBAL FUND SERVICES, L.C. 100 W. CYPRESS CREEK ROAD, SUITE 980 FT. LAUDERDALE FL 33309						100 W. CYPRESS CREEK ROAD, S FT. LAUDERDALE FL 33309				
2. Principal Place of Business 2a. Mailir				ng Address		3. Date Organia	zed or Qualified	3a. State of Formation	\dashv	
5900 N. ANDROWS ANE Suite, Apt. #, etc. Suite, Api				t # etc		11/09/1998 FL			ļ	
700						4. FEI Number Applied For				
City & State City &				itate		1	90179	7 Not Applica	able	
Zip	1 KHUL	Country	Zip	Cour	itry	5. Date of Last	•	6. Certificate of Status Desi \$8.75 Additional Fee Required	. — 1	
_ 33	<u>३०१ </u>	USA.		<u> </u>		FIRST F	·		띡	
7. Name and Address of Current Registered Agent 8. Na Name							ss of New Hegis	tered Agent/Office		
HKE&F REGISTERED AGE, NT CON 2601 S. BAYSHORE DRIVE, SUIT MIAMI FL 33133					Street Address (P.O. Box Number is Not Acceptable)			\dashv		
MTWM	1 11 23	133			Suite, Apt. #, etc	3 .			\dashv	
ı					City			Zip Code		
					0,		FL	L.p 0000		
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) (N				OTE Registered Agent signature required when reinstating) Business Street Address			City, State and Zip Code			
MGRM TIGHE, EDWARD M			100 W. CY	PRESS CR	EK ROAD, FT. LAUDERDALE FL					
					·	50)(1002 -03/02 ****5	946745 2/9901006014 888.75 ****588.	-€: † .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. 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: 31/4/97 954-351-9898 SIGNATURE AND THED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date: Dayloring Propriet #										

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