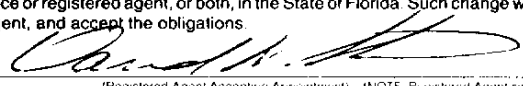
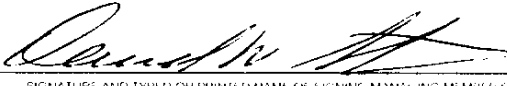


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris	
1999		Secretary of State	
		DIVISION OF CORPORATIONS	
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 # L98000002742	
STRAUSS REALTY INVESTMENTS, L.L.C. 3299 ST. ANNES DRIVE BOCA RATON FL 33496		1a. Principal Place of Business Address 3299 ST. ANNES DRIVE BOCA RATON FL 33496	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
ATLANTIC PARK GARDENS Suite, Apt. #, etc. 111 office	400 NW 65th Ave Suite, Apt. #, etc. 111 office	11/13/1998	FL
City & State MARGATE FL.	City & State MARGATE FL.	4. FEI Number 65-0876450	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33063	Country Broward	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
STRAUSS, DAVID N 3299 ST. ANNES DRIVE BOCA RATON FL 33496		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 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 4/2/99	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	STRAUSS, DAVID N	3299 ST. ANNES DRIVE	BOCA RATON FL
300002874283-8 -05/13/93--01077--012 ****188.75 ****188.75			
APR 12 1999			
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: 		4/2/99 1-954-974-1910	