File on or befor	e May 1, 1999 or Lin	nited Liability	Company will be
subject to a \$ 4	00.00 LATE FEE.		

ANNUAL REPORT 1999 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002777 STEADY DIME INVESTMENT GROUP, L.L.C. 2565 N.W. 92ND STREET MIAMI FL 33147-3549						99 MAY 18 AM 10: 38 SEC. 10 TO THE TALL AND SEC. 11 TO THE TALL AND SEC. 11 TO THE TALL AND SEC. 11 LORIDA 1a. Principal Place of Business Address 2565 N.W. 92ND STREET MIAMI FL 33147					
2 Principa	al Place of Busine	ess	2a. Mailie	ling Address			3. Date Organi	ized or Qualified	3a. State	of Formation	
			•				11/16/	/16/1998 FL			
Suite, Apt. #, etc.		Suite, Apr	Suite, Apt. #, etc.			4. FEI Number		·	Applied For		
City & State		City & Sta	City & State				65-0874000		21918	Not Applicable	
						<u></u>		5. Date of Last Report		6. Certificate of Status Desired	
Zip		Country	Zip		Countr	У		:		\$8.75 Add	lional Fee Required
	7. Name ar	d Address	of Current Registered	Agent			8. 1	l Name and Addre	ss of New Regis	tered Agen	VOffice
2565 N.W. 92ND STREET MIAMI FL 33147 9. Pursuant to the provisions of Sections 608 416 and 608.508, I take the segistered office or registered agent, or both, in the State of Floridate registered agent, and accept the obligations				Suite, Apt. #. City Florida Statutes, the above-named lim			, Apt. #, etc.	Zıp Code FL ted liability company submits this statement for the pu			
SIGNATUR	RE								DATE :		
(Registeres Agent Accepting Appointment). (NPTE: Registered Agent signarum rega-						is Street Address City, State and Zip Code					
1	GRM SABREE, MELVIN F		2565 N.W. 92ND ST 9725 N.W. 14 AVEN			_					
MGRM	MGRM ABDULLAH, DAVID E 199		1990	N.W.	. 55 STREET			MIAMI	FL		
								F	-057	26/99- *188.7	7352 -0078022 5 ****188.75 2 (199 9

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119 07(3) (i), Florida Statutes. Ifurther 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.

Mellow L. Kalver

INTISE 10 R (12-98)