

2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

FILED

99 JUL 15 AM 10:24

W7/21

SECRETARY OF STATE
ALL INFORMATION FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE
\$ 588.75
Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L98000002788

DAVID N. FINKELSTEIN, LLC
27 FLETCHER AVENUE
SARASOTA FL 34237

1a. Principal Place of Business Address

27 FLETCHER AVENUE
SARASOTA FL 34237

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
11/20/1998	FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

FINKELSTEIN, DAVID N
27 FLETCHER AVENUE
SARASOTA FL 34237

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)
800002939008

Suite, Apt. #, etc.
-07/22/99--01086--003

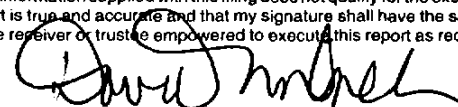
City
****188.75 ****188.75
FL

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) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	FINKELSTEIN, DAVID	27 FLETCHER AVENUE	SARASOTA FL

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: 7/17/99 941-952-9999 ext 111

Daytime Phone #

②

Finkelstein & Associates
Attorneys At Law
Certified Public Accountants

Please send any reply to:
Sarasota Office

Via U.S. Mail

July 12, 1999


Department of State
Division of Corporations
P.O. Box 6327

To whom it may concern,

Enclosed please find our check for \$188.75 in payment of the filing fee for David N. Finkelstein, LLC. We never received a first notice and therefore have not included the \$400.00 late fee, as instructed by you office.

Should you have any questions, please contact our office.

Sincerely,


Robert Knight
Paralegal
For the Firm

FILED
99 JUL 15 AM 10:24
TALLAHASSEE, FLORIDA