

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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE **Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75** **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			
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

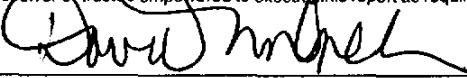
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office
FINKELSTEIN, DAVID N 27 FLETCHER AVENUE SARASOTA FL 34237		Name Street Address (P.O. Box Number Is Not Acceptable) 800002933008 Suite, Apt. #, etc. -07/22/98--01086--003 City ****188-75 ****188-75 FL

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

INHSE10 R (6/99)

FILED
99 JUL 15 AM 10:24
SHERIFF'S OFFICE
ALL FLORIDA

17/21

9/17/94 941-952-8889 ext 111

Date

Daytime Phone #

Finkelstein & Associates
Attorneys At Law
Certified Public Accountants

(8)

Please send any reply to:
Sarasota Office

Via U.S. Mail

July 12, 1999

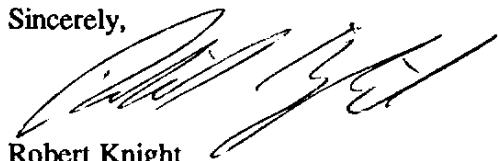
Department of State
Division of Corporations
P.O. Box 6327

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
CLERK OF THE CIRCUIT COURT
SARASOTA COUNTY, FLORIDA