


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 30 PM 3: 18 STATE OF FLORIDA TALLAHASSEE, FLORIDA	
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 # L98000002808			
ALI-LYNDS INVESTMENT, L.L.C. 2676 U.S. 1 SOUTH ST. AUGUSTINE FL 32086		1a. Principal Place of Business Address 2676 U.S. 1 SOUTH ST. AUGUSTINE FL 32086			
2 Principal Place of Business Same as above		2a. Mailing Address Same as above		3. Date Organized or Qualified 11/10/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State		4. FEI Number 54-3572166	
Zip		Zip		5. Date of Last Report	
Country		Country		6. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent GRAUBARD, ROBERT 2676 U.S. 1 SOUTH ST. AUGUSTINE FL 32086				8. Name and Address of New Registered Agent/Office 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 _____)					
10. Title					
Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGR	GRAUBARD, ROBERT	2676 U.S. 1 SOUTH		ST. AUGUSTINE FL	
3000002868633-2 -05/07/99--01157--011 ****188.75 ****188.75 5-5-99					
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: _____					