


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

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DIVISION OF CORPORATIONS

99 APR 26 AM 10:21

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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  MPYRE GROUP, L.L.C. 2400 E. LAS OLAS BOULEVARD, #295 FT. LAUDERDALE FL 33301	<b>DOCUMENT #</b> L98000002824
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1a. Principal Place of Business Address  2400 E. LAS OLAS BOULEVARD, FT. LAUDERDALE FL 33301
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2. Principal Place of Business 415 Sevan Isles Drive Suite, Apt. #, etc.  City & State Ft. Laud, FL Zip 33301	2a. Mailing Address 2400 E. LAS OLAS BLVD Suite, Apt. #, etc. #295 City & State Ft. Laud., FL Zip 33301	Country USA	3. Date Organized or Qualified 11/23/1998	3a. State of Formation FL	4. FEI Number 65-0878575 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report N/A	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
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7. Name and Address of Current Registered Agent  MOSKOWITZ, MICHAEL S 2400 E. LAS OLAS BOULEVARD, #295 FT. LAUDERDALE FL 33301	8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code FL
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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 *[Signature]* DATE 4/15/99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MOSKOWITZ, MICHAEL S	2400 E. LAS OLAS BOULEVARD	FT. LAUDERDALE FL

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\*\*\*\*188.75 \*\*\*\*188.75

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]* 4/15-99 954-264-8411