



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	
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 # L98000002839	
CIRCLE JR (I), LC C/O CIRCLE JR, INC. 3300 NW 27TH AVENUE POMPANO BEACH FL 33069		1a. Principal Place of Business Address C/O CIRCLE JR, INC. 3300 NW 27TH AVENUE POMPANO BEACH FL 33069	
2. Principal Place of Business 1251 NE 48 ST. Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Organized or Qualified 11/24/1998	3a. State of Formation FL
City & State POMPANO BEACH FL.	City & State	4. FEI Number 65-0683641	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33064	Country BROWARD	5. Date of Last Report	6. Certificate of Status Desired \$5.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BOULEVARD, SUITE 34 MIAMI FL 33131		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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)		DATE _____	
10. Title MGRM	Managing Members/Managers CIRCLE JR, INC.	Business Street Address 3300 NW 27TH AVENUE	City, State and Zip Code POMPANO BEACH FL
		05/04/99-90011-041 \$ 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:  MGR		Date 4-19-99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	