Fire 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 STATE SECRETARY OF STATE SECRETA							FILED			
FILING \$ 188		ual Report \$100.00 ake Check Payable 1	i	99 HAY -3 PH 2: 10						
1. Name	and Mailing Ad ited Liability Co	dress DOCL	SE TALI	SECRETATION STATE TALLAHASSEE, FLORIDA						
MCCLAIN & COMPANY, L.C. 200 SOUTH BISCAYNE BLVD., SUITE 1700 MIAMI FL 33131							1a. Principal Place of Business Address  200 SOUTH BISCAYNE BLVD., SU MIAMI FL 33131			
2. Principal Place of Business 2a. Ma				ing Address	<del></del>		Date Organized or Qualified   3a. State of Formation   3a. State o			
Suite, Apt. #, etc. Suite,				ot. #, etc.			11/30/1998 FL			
City & State C			City & St	ate			65-0881734 Applied For Not Applicable			
Zip	Country		Z <sub>i</sub> p Cour			у				ate of Status Desired
	7. Name and Address of Current		Registered Agent				B. Name and Address of New		S6 75 Additional Fee Required	
**RTG&S REGISTERED AGE, NT CORPORATION 100 S.E. 2ND STREET, 28TH FLOOR Street Address (P.O. Box Number is Not Acceptable)  **Thomas O. Wells & & **  Street Address (P.O. Box Number is Not Acceptable)  **Thomas O. Wells & & **  **Street Address (P.O. Box Number is Not Acceptable)  **Thomas O. Wells & & **  **Thomas O. Wells & **  **Tho										
10. Title	<del></del>			Business Stree				City, State and Zip Code		
MGR	URBAN,	WILLIAM G	II	200	SOUTH	BISCAYNE	BLVD.,	MIAMI	FL	
MGR	DESIAT	O, MICHAEL	•	200	SOUTH	BISCAYNE	BLVD.,	MIAMI	FL	
MGR-	-DASTI?	Ny THOMAS A		1		BISCAYNE	•	MIAMI		
MGR	SAHR	Michael R		200	south	BISCAYNI	e blud.1	Miami	r FL	
							00	00021 -05/07: ****1	/9301	1900 1122-017 ****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: William G. Uiban # 4/14/99 305 377-8666 SIGNATURE AND TYPED OR PPINILD NAME OF SIGNING MANAGING MEMBER OR MANAGER (UI) Payers Prince #										

INHSE10 R (12-98)