
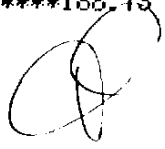


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 22 APR 26 PM 5:00 CORPORATION DIVISION	
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 KNISH MAVEN L.L.C. C/O GARY HANDIN 3111 UNIVERSITY DRIVE, SUITE 404 CORAL SPRINGS FL 33065		DOCUMENT # L98000002937		1a. Principal Place of Business Address C/O GARY HANDIN 3111 UNIVERSITY DRIVE, SUITE CORAL SPRINGS FL 33065	
2. Principal Place of Business 19575 BISCAYNE BLVD Suite, Apt. #, etc. #1433 City & State N. M. B. FL Zip 33180		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/01/1998 3a. State of Formation FL 4. FEI Number 05-0886530 5. Date of Last Report N/A 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent HANDIN, GARY 3111 UNIVERSITY DRIVE, SUITE 404 CORAL SPRINGS FL 33065		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			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when re-appointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	NOE, GIDEON	8433 FORREST HILLS BLVD.,		CORAL SPRINGS FL	
				8000002859778-1 -05/03/99--01011--020 ****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:		