
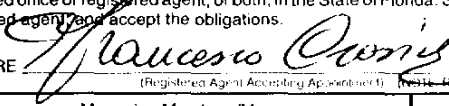
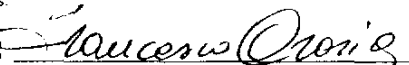


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR -4 PM 1:20	
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 # L98000003129 SOY CENTRAL, L.L.C. 4500 OAK CIRCLE, SUITE B-11 BOCA RATON FL 33431		1a. Principal Place of Business Address 4500 OAK CIRCLE, SUITE B-11 BOCA RATON FL 33431			
2. Principal Place of Business 4500 OAK CIRCLE Suite, Apt. #, etc. B 11 City & State BOCA RATON, FL Zip 33431		2a. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country USA		3. Date Organized or Qualified 12/10/1998 3a. State of Formation FL 4. FEI Number <input checked="" 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"/>	
7. Name and Address of Current Registered Agent CROSIO, FRANCESCO 4500 OAK CIRCLE, SUITE B-11 BOCA RATON FL 33431		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 2/23/99 (Registered Agent Accepting Appointment) (Not a Registered Agent signature required when there is a change)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CROSIO, FRANCESCO	4500 OAK CIRCLE, SUITE B-11		BOCA RATON FL	
MGR	CROSIO, ANNA MARIA	4500 OAK CIRCLE, SUITE B-11		BOCA RATON FL	
7000002798877-6 -03/04/99-01029-016 ****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:  FRANCESCO CROSIO 02-23-99 561-3937210 SIGNATURE AND TYPE (OR PRINTED NAME) OF CURRENT MANAGING MEMBER OR MANAGER (Type) (Expire: None #)					