LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS					BIVISION OF COMPCT ATIONS 99 JUN 28 PM 4: 05		
\$ 188.			DEPARTMEN	T OF STATE]]]		4: 05
H 4	HALLMARK/TASSONE, 1890 W. KENNEDY E PAMPA FL 33609	L.C.			1a. Principal Pla 4890 W. TAMPA F	KENNED	OY BOULEVARD, S
2 Princip Suite, Apt.	al Place of Business	2a. Mailing Ac			3. Date Organize 12/11/1 4. FEI Number		3a. State of Formation FL
City & Sta		City & State			5. Date of Last F		Applied For Not Applicabl 6. Certificate of Status Desired
Zip	Country	Zip	Count	ry			\$8.75 Additional Fee Required
4890	MARK/TASSONE OF F W. KENNEDY BLVD. A FI, 33609				P.O. Box Number i	0002	ble) 1922783: 2/9301036016
				Suite, Apt. #, etc			188.75 ****188.7 Zip Code
9. Pursua	ant to the provisions of Sections 608 4 red office or registered agent, or both, ir red agent, and accept the obligations. IRE	n the State of Florida. §	Such change was a	City bove-named limited authorized by aftirma	I liability company s ative vote of a majoril	*****] FL ubmits this state	188.75 ****188.7 Zip Code ement for the purpose of changin
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attachment with an address.

SIGNATURE: MICHAEL & WINNEL 4/5/99 813-261-9511

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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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.