	or before May 1, 1999 or Limited	d Liability Com	pany will be	1			
LIMITED	LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 ANNUAL REPORT OF CORPORATIONS			FILED 66/17 99 JUN 17 AM 11:31			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee				SEUM ASSI E FLERIDA			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 1980000 3228				TALLAHASSEE FLORIDA			
	S Properties L.L.C.			1a. Principal Pla	ce of Business A	ddress MARINA	
2300 N. 'CLEAN DL'				2300 N. OCEAN Dr			
Hol	lywood, FL 33019					L33019	
2 Principal Place of Business Ruff & Rastauraut & Marilla Address Suite, Apl. # letc. Suite, Apl. #, etc.				3. Date Organiza	ed or Qualified	3a. State of Formation FLORIDA	
2300 NOCEAN DR NOCEAN DR				4. FEI Number Applied For			
Holly wood, FL Holly wood, FL				6. Date of Last Report 6. Certificate of Status Desired			
330	19 BROWARD 32	3014 BA	LOWARD	5/15/	199	\$8.75 Additional Fee Required	
DIAT	7. Name and Address of Current Registered			Name and Addres	s of New Regist	ered Agent/Office	
BLODIG GARGORY J.				P.O. Box Number is Not Acceptable)			
IN West Connect Cosex Ad #780				600002911216			
Ft. handendole, FL33309			Suite, Apt. #, etc.	-06/21/9901150014 *****88.75 *****88.75			
ተጊ፡	Mundanie 7-0550	71	City		FL	Zip Code	
	nt to the provisions of Sections 608.416 and 608.508				ubmits this state		
	ed office or registered agent, or both, in the State of Flo ed agent, and accept the obligations.	onda. Socrichange was a	dinonzed by aniima	ive vote of a majori	y or the members	s. тнегеру ассерт те арропп те пт	
SIGNATUR	(Registered Agent Accepting Appointment)	NOTE Registered Agent signatur	re required when reinstating	{	DATE		
10. Title	Managing Members/Managers	Busine	ess Street Address		City,	State and Zip Code	
Marm.	DENNUJ. SMECK	2232 P				ochy, 6A30338	
Sec.	Joz G. Vigil	3100 NE 4	9 9 Street	t#1100	FT LANC	desdale, FL 3330	
				cc		011016	
				50	-08/21	/93 01150 015 /93 01150 015 00.00 ***** 100.00	
indicated on limited liabil	eby certify that the information supplied with this filing this annual report is true and accurate and that my lity company or the receiver or trustee empowered to with an address.	signature shall have the	same legal effect as	if made under oath	; that I am a man	aging member or manager of the	
SIGN	ATURE: Jos A: J	NAME OF HIGHING MANAGING	MEMBER OF MANAGER	3/29	1/29 (954) 920-4497	

INHSE10 R (12-98)