

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 APR 23 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 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 # L99000000117					
PAB SIX L.L.C. 5025 SW 62ND AVENUE MIAMI FL 33155				1a. Principal Place of Business Address 5025 SW 62ND AVENUE MIAMI FL 33155					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/29/1998		FL			
City & State		City & State		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		5. Date of Last Report		6. Certificate of Status Desired			
						88.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office					
N OBBE, DENNIS 5025 SW 62ND AVENUE MIAMI FL 33155				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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)									
10. Title		Managing Members/Managers		Business Street Address		City, State and Zip Code			
MGRM		NOBBE, DENNIS		5025 SW 62ND AVENUE		MIAMI FL			
11. I do hereby certify that the information indicated on this annual report is true and correct for the limited liability company of which I am a member or manager, and that I am attaching with an address change certificate in accordance with Section 119.07(3)(j), Florida Statutes. I further certify that the information effect as if made under oath; that I am a managing member or manager of the Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an									
SIGNATURE _____ MANAGER _____ Date _____ Daytime Phone _____									