
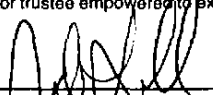


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75		Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M94000000013</b>  FLATIRON STRUCTURES COMPANY LLC L.C. 10090 I-25 FRONTAGE ROAD LONGMONT CO 80504		1a. Principal Place of Business Address  10090 I-25 FRONTAGE ROAD LONGMONT CO 80504	
2. Principal Place of Business <i>Same</i>	2a. Mailing Address	3. Date Organized or Qualified 03/07/1994	3a. State of Formation CO
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 84-1245002	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report 06/02/1997	6. Certificate of Status Desired <input type="checkbox"/> <small>SR 25 Additional Fee Required</small>
Zip	Country	Zip	Country
7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) 300002464093--7 Suite, Apt. #, etc. -03/20/98--01116--008 ***188.75 ***188.75 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HOFFMAN, NORBERT	C/O 6000 FRANKFURT AM MAIN	FRANKFURT, GERMANY
MGR	GENNIES, REINHARDT	C/O 6000 FRANKFURT AM MAIN	FRANKFURT, GERMANY
MGR	FLEISCHMANN, ROBERT	C/O 6000 FRANKFURT AM MAIN	FRANKFURT, GERMANY
MGR	LYNN, SCOTT S	10090 I-25 FRONTAGE ROAD	LONGMONT CO
MGR	DRISCOLL, PAUL R	10090 I-25 FRONTAGE ROAD	LONGMONT, CO
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: 		3.4.98 (303)444-1760	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	