


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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -2 PM 1:43

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 # M94000000155
D.L. CROMWELL & CO., L.L.C. LIMITED COMPANY
Y
1200 NORTH FEDERAL HIGHWAY, SUITE 315
BOCA RATON FL 33432

1a. Principal Place of Business Address
1200 NORTH FEDERAL HIGHWAY,
BOCA RATON FL 33432

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/01/1994	DE
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3279182	
		5. Date of Last Report	6. Certificate of Status Desired
		03/16/1998	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
DAVIDSON, DAVID S 1200 NORTH FEDERAL HIGHWAY, SUITE 31 BOCA RATON FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) 1200 N. Federal Hwy. Ste 315 Suite, Apt. #, etc. 04/16/99 01072 013 ***188.75 ***188.75 City FL Zip Code 33432

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) (FEE) (Registered Agent signature required twice, once at filing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DAVIDSON, DAVID S	1200 N. Federal Hwy. Ste 315 23024 L'ERMITAGE CIRCLE	BOCA RATON FL 33432
MGRM	BEIRNE, LLOYD S	9048 VILLA PORTOFINO CIRCLE 1200 N. Federal Hwy. Ste 315	BOCA RATON FL 33432

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 _____

IN11SE10 R (12-98)