

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE	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 DOCUMENT # M95000000097 CATALYST PARTNERS, L.L.C., L.C. 201 CRANDON BLVD. #170 KEY BISCAYNE FL 33149

1a. Principal Place of Business Address 201 CRANDON BLVD. #170 KEY BISCAYNE FL 33149

2. Principal Place of Business <i>Same as above</i> Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified 04/19/1995	3a. State of Formation NJ
4. FEI Number 22-3359248	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 06/05/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent LANDIS, MARK 201 CRANDON BLVD., #170 KEY BISCAYNE FL 33149

8. Name and Address of New Registered Agent/Office Name 188.75 Street Address (P.O. Box Number is Not Acceptable) 8.75 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 _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LANDIS, MARK	201 CRANDON BLVD., #170	KEY BISCAYNE FL 33149
MGR	LANDIS, CAROLYN P.	" " " "	" " " "
			400002819204--1 -03/26/99--01008--013 ****197.50 ****197.50 <i>dce</i>

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. 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: <i>Carolyn P. Landis</i> CAROLYN P. LANDIS 2/22/99 (305) 361-5228
