


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 SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 20 AM 11:32	
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 WESTERN CAPITAL DESIGN, LLC 6301 COLLINS AVENUE, SUITE 2601 MIAMI BEACH, FL 33141		DOCUMENT # M96000000440 <i>99-AR CM</i>		1a. Principal Place of Business Address 6301 COLLINS AVENUE, SUITE 2601 MIAMI BEACH, FL 33141	
2. Principal Place of Business 6301 COLLINS AVENUE Suite, Apt. #, etc. SUITE 2601 City & State MIAMI BEACH, FL 33141 Zip 33141		2a. Mailing Address PO BOX 416630 Suite, Apt. #, etc. MIAMI-BEACH, FL City & State MIAMI BEACH, FL 33141 Zip 33141		3. Date Organized or Qualified 11/04/1996 4. FEI Number 13-3804176 5. Date of Last Report 4/13/98	
				3a. State of Formation NY <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ROCANOVA, MARK 6301 COLLINS AVENUE, SUITE 2601 MIAMI BEACH, FL 33141		8. Name and Address of New Registered Agent/Office 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 _____			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ROCANOVA, MARK	6301 COLLINS AVENUE, SUITE 2601 MIAMI BEACH, FL		MIAMI BEACH, FL 33141	
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: <i>Mark Rocanova</i>		<i>4/13/99</i>			