P	ED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTM Katherine Secretary o DIVISION OF COF	Harris f State RPORATIONS		SECRET DIVISION O	TILED ARY OF STATE OF CORPORATIONS
(\$ 188 1, Name of Limi	، — <u>مگریب میں بر میں میں میں میں اور میں م</u>	To: FLOR JMENT PANIES	<u>іда дерактмен</u> Г # м960000 L.L.C.	IT OF STATE	1a. Principal Pla 1004 FA OMAHA N	RNAM ST	REET, SUITE 40
2 Principal Place of Business 2a. Mail		ing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt	Suite, Apt. #, etc. Suite, Aj				12/16/1996		DE
					4. FEI Number		Applied For
City & Sta	110	City & St	ate		47-0776 5. Date of Last F		6. Certificate of Status Desired
Zip	Country	Zip	Coun	try	04/03/1		S8.75 Additional Fee Required
	7. Name and Address of Curren	t Registered	Agent	8. Marne		A	tered Agent/Office
				City		1	Zip Code
its register as registe	ant to the provisions of Sections 608.416 red office or registered agent, or both, in th red agent, and accept the obligations.			bove-named limited	ive vote of a majorit	y of the members	ment for the purpose of changin
its register	red office or registered agent, or both, in th red agent, and accept the obligations. IRE	e State of Flo	rida Such change was a	bove-named limited authorized by affirmat	ive vote of a majorit	ubmits this state	ment for the purpose of changin
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