
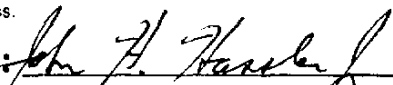


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY -4 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # M97000000298		1a. Principal Place of Business Address	
HOLLINEE, L.L.C. 25 WEST SKIPPACK PIKE, SUITE 203 BROAD AXE PA 19002-5152 52				25 WEST SKIPPACK PIKE, SUITE BROAD AXE PA 19002-5152 203	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/28/1997	
City & State		City & State		DE	
Zip		Country		4. FEI Number	
				23-2900291	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) 900002520049-5 Suite, Apt. #, etc. -05/12/98--01031--015 City ****100-75 ****108.75 FL		
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ABLEIDINGER, ROBERT J	25 WEST SKIPPACK PIKE, SUITE 203		BROAD AXE PA 19002-5152	
MGRM	HASSLER, JOHN H JR.	25 WEST SKIPPACK PIKE, SUITE 203		BROAD AXE PA 19002-5152	
MGRM	BOUNDS, MARK A	3075 SANDERS ROAD, STE. G5		NORTHBROOK IL 60062-7127	
MGRM	GOLDE, COREY S	3075 SANDERS ROAD, STE. G5		NORTHBROOK IL 60062-7127	
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: 		4/27/98		215-628-3850	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	