


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	
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 # M98000000344		1a. Principal Place of Business Address	
FIRST VENDING, I.L.C. 3941 TELEGRAPH ROAD, SUITE 120 BLOOMFIELD HILLS MI 48302-1475				3941 TELEGRAPH ROAD, SUITE 1 BLOOMFIELD HILLS MI 48302	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/13/1998	
City & State		City & State		3a. State of Formation	
Zip		Country		MI	
				4. FEI Number	
				38-3294174	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				First Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
CT CORPORATION SYSTE, MSS 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not at length)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	RUBIN, HOWARD	3941 TELEGRAPH RD., SUITE		BLOOMFIELD HILLS MI	
MGRM	RUBIN, CRAIG	3941 TELEGRAPH RD., SUITE		BLOOMFIELD HILLS MI	
MGRM	CAVALLI, SUSAN	3941 TELEGRAPH RD., SUITE		BLOOMFIELD HILLS MI	
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: _____		Howard Rubin, Member 2/19/99 248/816-9860			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date of Filing			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
92MM -L PM 1:20

900002798889--9
-03/09/99--01029--025
****188.75 ****188.75