	LIABILITY COMPANY NNUAL REPORT 1999	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			CHAPTER OF STATE DIVISION OF CO TOP ATTIONS 99 APR 20 AH 11: 32			
ILING I \$ 188.	FEE Annual Report \$100. Make Check Payab	00 + \$88.75	Corporations DEPAR	on Suppleme	ntal Fee	991	REK ZU HII	11.05
Name a of Limite J 2		SUMENT AGEMENT OAD	# м980	00000073		APT. LL1	ARCHER R	OAD
2 Principal Place of Business 28. M			ailing Address			3. Date Organized or Qualified 3a. State of Formation		
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt #, etc			07/06/1998 DE 4. FET Number \(\overline{V}\) Applied For		
City & State		City & St			Scru Millianian Not Applicable 5. Date of Last Report 6. Certificate of Status Desired			
Zip	Country	Zip		Country			S8 7	5 Additional Fee Required
its register as register	int to the provisions of Sections 608, ed office or registered agent, or both, red agent, and accept the obligations	in the State of Flo s	orida. Such cha	ange was authoriz	ed by affirma	tive vote of a majority	FL mils this statement	Code for the purpose of changing reby accept the appointment
SIGNATURE REGISTRATION OF THE Managing Members/Managers			Italia Bayelerida	Business Street Address			City, State and Zip Code	
мем	FISCH, JEDD A		2777 SW ARCHER ROAD			AD	GAINESVI	LLE FL
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