LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	Kather Secreta	RTMENT OF STATE ine Harris ary of State CORPORATIONS		TILED -7 PH 5: 00
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1 Name and Mailing Address of Limited Liability Company  DOCUMENT # M98000001075			s quiva same.	
1335 "B" STREET TAMPA FL 33606			1335 "B" STREE TAMPA FL 33606	T
2 Principal Place of Business	2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
5601 AirPort Blud Suite, Apt #, etc.	Swite, Apt. #, etc.	RIVCI	09/23/1998 4. FEI Number	IL Applied for
City & State	City & State Tampa F		36-4026484	Applied For  Not Applicable
TamPa FL Zip Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired  88 75 Additional Fee Required
7. Name and Address of Currer	33634	USA B. N	ame and Address of New Regist	
9. Pursuant to the provisions of Sections 608.416 its registered office or registered agent, or both, in the as registered agent, and accept the obligations.  SIGNATURE	he State of Florida. Such change	Suite, Apt #, etc  City  Tanna  the above-named limited liwas authorized by affirmation		. Thereby accept the appointment
tfleg-sensc Agent Acception  10. Title Managing Members/Manage	g Appendicación (CEUTE Respektive LA port ers E	Specimen protected consists up Business Street Address		State and Zip Code
		"STREET	TAMPA Tampa	FL 1:( 3363Y
•		PPM/P 1AR 18 1999	## 000000	C. APR 1 4 1999 347850- 6 99-01101-017 8.75 ****188.75
	with this filing does not qualify for t	the exemption stated in Sect	tion 119.07(3) (i). Florida Statutes. I	further certify that the information