Subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE								a h c++ (***	. 4	L 5/	/ L										
	NNUAL REPORT	Katherine Harris Secretary of State				FILED VIS/6															
•	1999 DIVISION OF CORPORATIONS						99 HVA -3 VH 10: re														
FILING FEE 188.75 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 # M98000001493 ORMOND BEACH, L.L.C. 128 LITCHFIELD ROAD NEW MILFORD CT 06776																					
												2 Princip	ing Address	g Address			Date Organized or Qualified 3a. State of Formation				
												Suite. Apt. #, etc.			uite, Apt. #, etc.				12/14/1	CT	
							4. FEI Number		Applied For												
City & Stat	le .	City & St	City & State			5. Date of Last R			6. Certificate		1 Applicable										
Zip	Country	Žīp		Count	ry		C. Date S. Edet,		\$8.75 Addition												
	7. Name and Address of Co	urrent Registered	Agent	1	Name	B. N	lame and Address	s of New Regis	tered Agent/C	office											
CORPO 1201 TALL	L			P.O. Box Number is Not Acceptable)																	
	·· -							FL													
its register	nt to the provisions of Sections 608 ed office or registered agent, or both red agent, and accept the obligatio	i, in the State of Flo																			
SIGNATU	RE(Registered Agent Ac	cepting Appointment) (I	NOTE Hegistered A	gent signatur	c required when	eriolategi		DATE .													
10. Title	Managing Members/Ma	nagers	Business Street Address				State and Zip	State and Zip Code													
MGR	BOARD OF DIRECT	128 LITCHFIELD ROA			NEW MILFORD CT 06776				06776												
weigh	Eugene H.Ros BruceWeins	11						11													
	Michael S.M	n					11														
mer	minaesin	MAC		••			1				1										
1							91	"U"U"I ("U (15/ ***	7 87.1 117990 *188.75	56 106 **	:89 0 8004 •∗188.75										
indicated o	eby certify that the information supp n this annual report is true and acc lity company or the receiver or trus	urate and that my s	signature shall	have the s	same tegal el	fect as i	f made under oath	that I am a mar	naging member	r or mar	nager of the										

INHSE10 R (12-98)