


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  APR 20 PM 5:00  SECRETARY OF STATE																	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>																			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # Z00066</b>  PIETKAR PROPERTIES, L.C. % PIETER C. SWART 1220 OBISPO AVENUE CORAL GABLES FL 33134		<b>1a. Principal Place of Business Address</b>  % PIETER C. SWART 1220 OBISPO AVENUE CORAL GABLES FL 33134																			
<b>2. Principal Place of Business</b> 2579 Trapp Ave Suite, Apt. #, etc.		<b>2a. Mailing Address</b> Sam Suite, Apt. #, etc.		<b>3. Date Organized or Qualified</b> 12/21/1988																	
<b>City &amp; State</b> Coconut Grove, FL		<b>City &amp; State</b> F		<b>3a. State of Formation</b> FL																	
<b>Zip</b> 33133		<b>Country</b> Dade		<b>4. FEI Number</b> 65-0089140																	
<b>5. Date of Last Report</b> 03/06/1998		<b>6. Certificate of Status Desired</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		<input type="checkbox"/> \$8.75 Additional Fee Required																	
<b>7. Name and Address of Current Registered Agent</b>  SWART, PIETER C., JR. 1220 OBISPO AVE. CORAL GABLES FL 33134			<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) 2579 Trapp Ave Suite, Apt. #, etc. Coconut Grove, FL City FL Zip Code 33133																		
<b>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.</b>																					
SIGNATURE _____ (Reg. Sec. 608.416, 608.508, Florida Statutes)			DATE 4/14/99																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MG</td> <td>SWART, PIETER C.</td> <td>2579 Trapp Ave 1220 OBISPO AVE.</td> <td>Coconut Grove, FL 33133 CORAL GABLES FL</td> </tr> <tr> <td>MG</td> <td>SWART, AINLEY, KAREN</td> <td>2579 Trapp Ave 1220 OBISPO AVE.</td> <td>Coconut Grove, FL 33133 CORAL GABLES FL</td> </tr> <tr> <td>MG</td> <td>VERRECHJA, GIAN FRANCO</td> <td>3683 AVACADO AVE.</td> <td>COCONUT GROVE FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MG	SWART, PIETER C.	2579 Trapp Ave 1220 OBISPO AVE.	Coconut Grove, FL 33133 CORAL GABLES FL	MG	SWART, AINLEY, KAREN	2579 Trapp Ave 1220 OBISPO AVE.	Coconut Grove, FL 33133 CORAL GABLES FL	MG	VERRECHJA, GIAN FRANCO	3683 AVACADO AVE.	COCONUT GROVE FL
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<b>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.</b>																					
SIGNATURE: _____ (Reg. Sec. 608.416, 608.508, Florida Statutes)			DATE 4/14/99 305-860-6881																		