

FILE NOW: Fee after May 1, will be \$263.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # Z00118

SOUTH BEACH DESIGN, L.C.
1604 MICHIGAN AVE
UNIT NO. 1
MIAMI BEACH FL 33139

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

1a. Principal Place of Business Address

1604 MICHIGAN AVE
UNIT NO. 1
MIAMI BEACH FL 33139

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Organized or Qualified
08/02/1989

3a. State of Formation
FL

4. FEI Number
65-0145053

Applied For
 Not Applicable

5. Date of Last Report
04/11/1994

6. Certificate of Status Desired
 \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent

STRATTON, DOUGLAS D.
505 LINCOLN RD
MIAMI BEACH FL 33139

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.
100001406071

City
-02/14/95--01089--008
***238.75
FL

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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	MACDONALD, JOHANNE	1604 MICHIGAN AVE, #1	MIAMI BEACH FL
M	AMBROSI, JAYSON JEAN A	1604 MICHIGAN AVE, #1	MIAMI BEACH FL

8/13/95
MS

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3) (k), 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: *Johanne Macdonald* DATE: *Feb 1/95* 305
522-5223