	D LIABILIT NNUAL RE 1999			LORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED 99 APR <b>20</b> AM IO: 11				
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 # 200397  NEWPORT/PLANTATION PROPERTY L.C. 3800 SOUTH OCEAN DRIVE SUITE 1405 HOLLYWOOD FL 33019							1a. Principal Place of Business Address  3800 SOUTH OCEAN DRIVE SUITE 1405 HOLLYWOOD FL 33019				
											2 Principa
Suite, Apt. #, etc. Suite, A				M. #, etc.			05/24/1	991	FL	y	
City & State Ci							4. FEI Number	Applied For			
							65-0261 5. Date of Last F		6. Certific	Not Applicable tate of Status Desired	
Zip		Country	Zip		Count	ſγ	1	•	ــــــــــــــــــــــــــــــــــــــ	inonal Fee Required	
	7. Name	and Address of Cu	rrent Registered	I Agent		B.	07/01/1 Name and Addres		lered Ager	nt/Office	
s register	red office or regi red agent, and		, in the State of Flo				ative vote of a majori			e purpose of changir accept the appointme	
D. Title		(Registered Agent According Members/Ma		(NOTE Begistered)	SIL Registered Agent significances of two reset to Business Street Address			4)			
мем	FRIEDM	IEDMAN, WILLIAM LDMAN, CARL			3100 MONTICELLO, SUITE 200 DALLAS TX 3800 S. OCEAN DR., SUITE 1 HOLLYWOOD FL					FL 5:2-4-4 -01054003	
					4-7-7-99			*****188.			
indicated o	on this annual re	aport is true and acci	urate and that my	signature shaf	have the	same legal effect a	as if made under oatf	i; that I am a ma	naging mer	rtify that the information mber or manager of the irs in Block 10, or on a	