
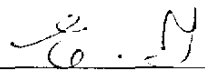


**File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		9879 02 10 033
<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>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # z00610</b>  111 WASHINGTON SQUARE LIMITED COMPANY 1440 J.F. KENNEDY CAUSEWAY SUITE 400 NORTH BAY VILLAGE FL 33141		1a. Principal Place of Business Address  111 N.W. 183RD STREET SUITE 107 MIAMI FL 33169			
2 Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Date Organized or Qualified <b>07/08/1992</b>	
				3a. State of Formation <b>FL</b>	
				4. FEI Number <b>65-0353687</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report <b>03/06/1998</b>	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>VILLALOBOS, CARLOS J</b> <b>1440 J.F. KENNEDY CSWY</b> <b>SUITE 400</b> <b>NORTH BAY VILLAGE FL 33141</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>200002788842--7</b> Suite, Apt. #, etc. <b>-02/26/99--01072--024</b> <b>****188.75    ****188.75</b> City <b>FL</b> Zip Code		
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 _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when re-appointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	JACOB, ELI	1440 KENNEDY CSWY STE. #40		N BAY VILLAGE FL	
MEM	JACOB, ANITA	1440 KENNEDY CSWY #400		N BAY VILLAGE FL	
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.					
SIGNATURE: 				2-18-99 (305)865 2919	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					