

**2<sup>nd</sup> and FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

**FILED** *W 7/28*  
**99 JUL 27 PM 2:14**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILING FEE \$ 588.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # Z00633**  
 SEVENTY-SECOND REALTY, L.C.  
 790 N.W. 107TH AVE.  
 SUITE 105  
 MIAMI FL 33172

1a. Principal Place of Business Address  
 7675 N.W. 12TH ST.  
 MIAMI FL 33126

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  
**08/13/1992**

3a. State of Formation  
**FL**

4. FEI Number  
**65-0392573**

Applied For  
 Not Applicable

5. Date of Last Report  
**05/04/1998**

6. Certificate of Status Desired  
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
**RODRIGUEZ, MARIA**  
**790 N.W. 107 AVENUE**  
**SUITE 105**  
**MIAMI FL 33172**

8. Name and Address of New Registered Agent/Office  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, etc.  
 City Zip Code  
**FL**

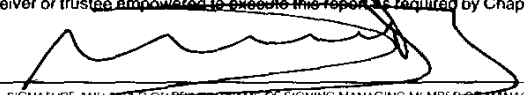
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	SHELTON INVESTMENTS ,	3 A BOLAM HOUSE	NASSAU, BAHAMAS
M	HARDIN INVESTMENTS I,	CHARLOTTE HOUSE, CHARLOTTE	NASSAU, BAHAMAS

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 \*\*\*\*588.75 \*\*\*\*588.75

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:**  **7/21/99** **305.554.5222**

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #