

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. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 238.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # Z00674

ASSOC. COM. BUILDERS, L.C.
1605 NORTH STATE ROAD 7
MARGATE FL 33063

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
1605 NORTH STATE ROAD 7
MARGATE FL 33063

2. Mailing Address	2a. Principal Place of Business	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/22/1992	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	65-0281218	
		5. Date of Last Report	6. Certificate of Status Desired
		02/02/1994	\$0.75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
FINEBERG, LIBO B., ESQUIRE 3500 GATEWAY DR. STE. #201 POMPANO BEACH FL 33069	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____
(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	NEWMAR BUILDING CORP,	1605 N. STATE ROAD 7	MARGATE FL
M	BEST REAL ESTATE, INC.	1605 N. STATE ROAD 7	MARGATE FL

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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 119.07(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: *Edward S. Kaplan* *Best Real Estate Inc. Member 4/9/95* ³⁰⁵ *973 4120*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

EDWARD S. KAPLAN