FILE NOW: Fee after May 1, will be \$588.75



LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE

APPROVED AND

ANNUAL REPORT Secretary of State DIVISION OF CORPORA			State		8 - 5 PN 12: 13
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				SECRETARY OF STATE TALLAHASSEE.FLORIDA	
Name and Mailing Address of Limited Liability Company	DOCUMENT #200	0674		1a. Principal Place of Bu	usiness Address
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 2a.				L605 NORTH STATE ROAD 7 MARGATE FL 33063	
2. Principal Place of Business	2a. Mailing Addre			3. Date Organized or Qu	ualified 3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		10/22/1992 4. FEI Number	ţL
One & Dinta	City & State	Cis. 9 Cis.		Applied For	
City & State	City & State			65-0281218	Not Applicable
Zip Country	Zıp	Country	У	5. Date of Last Report	6. Certificate of Status Desired
7 Name and Addre	ss of Current Registered Agent			02/12/1996 8. Name and Address of	
FINEBERG, LIBO B., ESQUIRE 3500 GATEWAY DR. 3TE. #201 POMPANO BEACH FL 33069 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the a its registered office or registered agent, or both, in the State of Florida. Such change was a as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent agreature)			Sulfe, Apt. #, etc City Dove-named limited uthorized by affirms	d liability company submits t ative vote of a majority of the DATE	Zip Code this statement for the purpose of changing members. I hereby accept the appointment
10. Title Managing Mem	Title Managing Members/Managers Bus		ness Street Address		City, State and Zip Code
M BEST REAL ES	TATE, INC. 1605	n. Sta	TE ROAD	9000	GATE FL 020815266 2/07/9701068002 ***212.50 ****212.50
					Statutas further nestify that the information

11. Too mereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 path; 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.

PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

954-973-

SIGNATURE:

SIGNATURE AND TYPED O

Edward J. Kaplan Member

4120 2/3/97

Daytime Phone #