

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

SECRET  
DIVISION OF CORPORATIONS  
MAY 26 11:15

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>ASSOC. COM. BUILDERS, L.C. 1605 NORTH STATE ROAD 7 MARGATE FL 33063</b>	<b>DOCUMENT # Z00674</b>
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1a. Principal Place of Business Address <b>1605 NORTH STATE ROAD 7 MARGATE FL 33063</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified <b>10/22/1992</b>	3a. State of Formation <b>FL</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	4. FEI Number <b>65-0281218</b>
5. Date of Last Report <b>03/02/1998</b>	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>		

7. Name and Address of Current Registered Agent <b>FINEBERG, LIBO B ESQ 3500 GATEWAY DR. STE. #201 POMPANO BEACH FL 33069</b>
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8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>700002887577--4</b>
Suite, Apt. #, etc.	<b>-05/26/99--01034--013</b>
City	<b>***188.75 ***188.75</b>
Zip Code	<b>FL</b>

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 re-registering) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	<b>BEST REAL ESTATE, INC.</b>	<b>1605 N. STATE ROAD 7</b>	<b>MARGATE FL</b>

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. **Edward J. Kaplan, Member**

**SIGNATURE:** \_\_\_\_\_ **May 20, 1999** 954-973 4120