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

APPROVED AND FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 APR -7 AM 8: 38 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #**£94000000246 1a. Principal Place of Business Address FIELDSTONE EQUITIES, L.C. P.O. BOX 630069 P.O. BOX 630069 MIAMI FL 33163 MIAMI FL 33163 If above malling address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 06/02/1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0542257 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required D2/23/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent EPSTEIN, DEBORAH 19204 NE UNIT 312 25TH AVE. Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33180 Suite, Apt. #, etc. 9. Pursuant to the provisions of Sections 608.416 and 608.508, Fiorida 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 . (Ragistured Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers EPSTEIN, JOANNE RYAN CT. MGR \$TANFORD CA MEM EVERGREEN REALTY COR, H.O. BOX 630923 HOUSTON TX 100002137181--9 -04/03/97--01002--004 \*\*\*\*203.75 \*\*\*\*203.75

11. Ido 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER