

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

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**97 MAY 14 AM 9:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**\$ 203.75** Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

**1** Name and Mailing Address of Limited Liability Company  
**DOCUMENT #L9400000262**  
  
ROTUNDA STRUCTURES, L.C.  
100 SOUTH BISCAYNE BLVD.  
SUITE 1100, ONE BISCAYNE BLVD.  
MIAMI FL 33131

**1a.** Principal Place of Business Address  
  
100 SOUTH BISCAYNE BLVD.  
SUITE 1100, ONE BISCAYNE BLVD  
MIAMI FL 33131

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

<b>2.</b> Principal Place of Business		<b>2a.</b> Mailing Address		<b>3.</b> Date Organized or Qualified	<b>3a.</b> State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/09/1994	FL
City & State		City & State		<b>4.</b> FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0506587	
Country		Country		<b>5.</b> Date of Last Report	<b>6.</b> Certificate of Status Desired
				04/18/1996	<input type="checkbox"/> Additional Fees Required

**7. Name and Address of Current Registered Agent**  
  
HOLLO, TIBOR  
100 S. BISCAYNE BLVD.  
STE. 1100, ONE BISCAYNE BLVD.  
MIAMI FL 33131

**8. Name and Address of New Registered Agent**  
  
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 \_\_\_\_\_ 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
MGRM	HOLLO, TIBOR	100 S. BISCAYNE BLVD., STE	MIAMI FL
MGRM	HOLLO, WAYNE	100 S. BISCAYNE BLVD., STE	MIAMI FL

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\*\*\*\*203.75 \*\*\*\*203.75

*4/15/97*

**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:** *[Signature]* **4/16/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #