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

S 20.3.15 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  To as and Sharing distance  OCCUMENT #L94000000262  ROTUNDA STRUCTURES, L.C.  100 SOUTH BISCAYNE BLVD.  SUITE 1100, ONE BISCAYNE BLVD.  MIAMI FL 33131  Illatore malling defents in scored in sey way, lites through becomes information and erior correction in Block 2a.  2 Principal Place of Business  Suite. Apt #, etc.  Suite. Apt #, etc.  City & Statio  City & Sta	LIMITED LIABILITY COMPANY ANNUAL REPORT 1997  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS										FILED 97 MAY 14 AM 9: 56					
Name and Malling Address of Current #19400000262  ROTUNDA STRUCTURES, L.C. 100 SOUTH BISCAYNE BLVD. SUITE 1100, ONE BISCAYNE BLVD. MIAMI FL 33131  If above rating address is increase it may very little through the correct information and enter connection in Block 2s.  If above rating address is increase it may very little through the correct information and enter connection in Block 2s.  If above rating address is increase it may very little through the correct information and enter connection in Block 2s.  If above rating address is increase it may very little through the correct information and enter connection in Block 2s.  If above rating address is increase it may very little through the correct information and enter connection in Block 2s.  If above rating address is increase it may very little through the correct information and enter connection in Block 2s.  If above rating address is increase it may very little through the correct in Block 2s.  If above rating address is increase it may very little through the correct in Block 2s.  If above rating address is increase it may very little through the site of Formation Connection in Block 2s.  If above rating address is increase it and above and address in Block 2s.  If above rating address is increased in any very little through a block 2s.  If above rating address is increased in any very little through a block 2s.  If above rating address is increased in any very little through a block 2s.  If above rating address is increased in any very little through a block 2s.  If above rating address is increased in any very little through a block 2s.  If above rating address is increased in any very little through a block 2s.  If above rating address is increased in any very little through a block 2s.  If above rating address is increased in any very little through a block 2s.  If above rating address is increased in any very little and address in Block 1to any very littl	LICITAL MINOR HAPPINATOR A ALGORIA AS PARTIES A ALGORIA AS PARTIES A ALGORIA															
ROTUNDA STRUCTURES, I. C.  100 SOUTH BISCAYNE BLVD. SUITE 1100, ONE BISCAYNE BLVD. MIAMI FL 33131  If above making addess is bloomed in any sey, like shrough theorest information and eriar correction in Book 2e.  2 Principal Place of Business  2 Business  3 Date Organized or Gualified  3 State of Formation  3 Date Organized or Gualified  3 State of Formation  3 Date Organized or Gualified  4 FER Number  3 Date Organized or Gualified  3 State of Formation  5 Date of Gualified  4 FER Number  5 Date of Least Report  6 Date of Least Report  7 Name and Address of Current Registered Agent  Name  10 S. DISCAYNE BLVD.  Stree 100, ONE BISCAYNE BLVD.  Street Address (P.O. Box Number is Not Acceptable)  DATE  100 S. BISCAYNE BLVD., STE NIAMI FL  SDDDO21840155— -05/19/3/7-D1187-D1  ####203.75 ####	1 Name and Mailing Address of Limited Liability Company DOCUMENT #L9400000262 TALLAHASSEE, PLORESA															
2a. Melling Address   2a. Melling Address   3. Date Organized or Qualified   3a. State of Pormetion   6/09/1994   FL   Suite, Apt. #, etc.   4. FEI Number   Applied F   App	ROTUNDA STRUCTURES, L.C.  100 SOUTH BISCAYNE BLVD.  SUITE 1100, ONE BISCAYNE BLVD.  MIAMI FL 33131  MIAMI FL 33131  RIAMI FL 33131															
Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.   A, FEI Number   Applied F											o Organize	d or Qualified	3a. Sta	le of Formation		
City & State  Country  Country  Country  Country  Applied F  55-0506587  B. Date of Last Report  94/18/1996  7. Name and Address of Current Registered Agent  Name  IIO.L.O., TIBOR  100 S. BISCAYNE BLVD.  STE. 11.00, ONE BISCAYNE BLVD.  Sulta, Apr. 4, etc.  City  City  FL  Zip Code  Total  City  City  FL  Zip Code  Total  City  FL  Zip Code  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  FL  Zip Code  City  State and Zip Code  City  Sta	·							b6/09/1994 FL								
To Country  To Country  To Delegate the property of the property of the purpose of the purpose of the segistered agent.  To S. Date of Last Report  To Last All 1996  To Name and Address of Current Registered Agent  To S. Name and Address of New Registered Agent  Name  To S. BISCAYNE BLVD.  SITE 1100, ONE BISCAYNE BLVD.  Site 1 Address (P.O. Box Number is Not Acceptable)  Sulle, Apt. 4, etc.  City  FL  Zip Code  FL  Zip	Suite, Apt. #, etc.									4. FEI Number				Applied For		
7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  HOLLO, TIBOR  100 S. BISCAYNE BLVD.  STE. 1.100, ONE BISCAYNE BLVD.  MIAMI F1 331.31.  Sulfa, Apt.4, etc.  City  Lip Code  9. Pursuant to the provisions of Sections 608.416 and 608.808, Florida Statutes, the above-named limited liability company submits is allerement for the purpose of chasts registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appoint as registered agent, and accept the obligations.  SIGNATURE  (Registered Agent Accepting Appointment) INDIE Registered Agent registered Agent registered Agent registered Agent registered Agent registered Agent Recepting Appointment as Business Street Address  City, State and Zip Code  MGRM HOLLO, TIBOR  100 S. BISCAYNE BLVD., STE NIAMI FL  50002187-01187-01  ***********************************	City & State				City & State									Not Applicable		
The state of the provisions of Sections 608.416 and 508.506, Florida Statutes, the above-named limited liability company submits this statement for the purpose of charter supplied Agent and accept the obligations.  Signature  10. Tido Managing Membors/Managers  10. Tido Managing Membors/Managers  10. Tido Managing Membors/Managers  10. Tido Managing Membors/Managers  10. S. BISCAYNE BLVD., STE NIAMI FL  10. S. BISCAYNE BLVD., STE NIAMI FL  10. S. BISCAYNE BLVD., STE NIAMI FL  10. Tido Sections of Sections of Sections 608.416 and 508.506, Florida Statutes, the above-named limited liability company submits this statement for the purpose of charter supplied and supplied and supplied and supplied with the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appoint as repistred agent, and accept the obligations.  SIGNATURE (Supplied Agent Accepting Agrociment) (NOTE Registered Agent Registered Address)  DATE  10. Tido Managing Membors/Managers  10. S. BISCAYNE BLVD., STE NIAMI FL  SOCIOL STEPP NIAMI FL  SOCI	Žip		Country	Zip			Çountry	/	****	Į.		•				
HOLLO, TIBOR  100 S. BISCAYNE BLVD.  Sitred Address (P.O. Box Number is Not Acceptable)  Sitred Address (P.O. Box Number i	<u> </u>	7. Name	and Address of C	orrent Register	ed Agent	d Agent							Registered	Ageni		
8. 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 che its registered agent, and accept the obligation. Or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appoint as registered agent, and accept the obligation.  SIGNATURE	100 S. BISCAYNE BLVD. STE. 1100, ONE BISCAYNE BLVD.						Street Address (P.C									
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. Interesty accept the appointment as a registered agent, and accept the obligations.  SIGNATURE  (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstalling)  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  50002161937-01187-01  ***********************************								City				FI		je		
10. Title Managing Members/Managers Business Street Address City. State and Zip Code  MGRM HOLLO, TIBOR 100 S. BISCAYNE BI.VD., STE MIAMI FI.  MGRM HOLLO, WAYNE 100 S. BISCAYNE BLVD., STE MIAMI FI.  50002164015—  -05/19/37—01187—01  *******203. 75 *******203.  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 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 attachment with an address.	SIGNATURE DATE															
MGRM HOLLO, WAYNE 100 S. BISCAYNE BLVD., STE MIAMI FL  500021日4015— 05/19/97—01187—01  *****203.75 *****203.  11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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 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 attachment with an address.												City, State and Zip Code				
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SIGNATURE:  SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  Only Date Destring Proce #																