File on	or before	e May 1, 1999 or	Limited	d Liability (Comp	oany will be	e			
subjec LIMITE	t to a \$ 4	OO.OO LATE FEE TY COMPANY REPORT	FILED 99 APR 14 AM 10: 45							
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee										
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # 1.9400000262							SLORÉ MASS OF ALLASSE TALLAHASSEE, FLORIM			
ROTUNDA STRUCTURES, L.C. 100 SOUTH BISCAYNE BLVD. SUITE 1100, ONE BISCAYNE BLVD. MIAMI FL 33131							10. Principal Place of Business Address 100 SOUTH BISCAYNE BLVD. SUITE 1100, ONE BISCAYNE BLV MIAMI FI. 33131			
2 Principal Place of Business 2a. Maile				ng Address			3. Date Organize	1		of Formation
Suite, Apt #, etc. Suite, Apt				t #, etc			4. FEI Number		FL	
City & State City & Sta				ate			65-0506	587	}	Applied For
					~	5. Date of		eport	6. Certifica	Not Applicable ite of Status Desired
Zιρ	p Country		Z(p)		Country		05/01/1	998	\$6.75 Additi	onal Fee Required
100 STE.	O, TIBO	CAYNE BLVD. ONE BISCAYN	Name Street Address (F			Name and Address of New Registered Agent/Office P.O. Box Number is Not Acceptable)				
			Suite, Apt #, etc							
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the								FL		
its register	ed office or reg	istered agent, or both, in the accept the obligations.								
SIGNATURE (Hor) store LA year Asserting Approximate (Horle Bury are LA year a year						DATE				
10. Title	Managing Members/Managers		Business Street Address				City,	State and Zi	p Code	
MGRM	HOLLO, TIBOR 100 S. BISCAYNE						LVD., STE	MIAMI	FL	
MGRM	HOLLO, WAYNE 100				00 S. BISCAYNE BLVD., STE			MIAMI	FL	}
			, , ,							
				4-19-						
11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i). Fiorida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal 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. Fiorida Statutes, and that my name appears in Block 10, or on an attachment with an address										
CION	ATUDE	. ^		M K				1100	3	05/358-

INHSE10 R (12-98)