
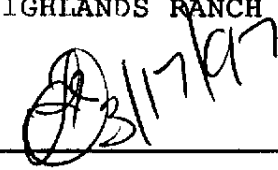
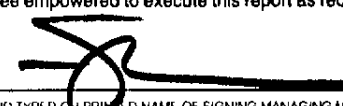


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 MAR 17 AM 8:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000347 CORAL POINTE PLAZA INVESTORS, L.C. % M2 REALTY CORP. 1401 BRICKELL AVE., STE. 630 MIAMI FL 33131		1a. Principal Place of Business Address % M2 REALTY CORP. 1401 BRICKELL AVE., STE. 630 MIAMI FL 33131		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 07/19/1994
				3a. State of Formation FL
		4. FEI Number 65-0504445		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 03/28/1996		6. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required
7. Name and Address of Current Registered Agent M2 REALTY CORPORATIO, N 1401 BRICKELL AVE. SUITE 630 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 FL Zip Code	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			800002117778--9 -03/19/97--01041--013 DATE ***203.75 ***203.75	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGRM	MOYA, FRANK M.D.	801 ARTHUR GODFREY RD., ST		MIAMI BEACH FL
MGRM	MOYA, ELIZABETH M	801 ARTHUR GODFREY RD., ST		MIAMI BEACH FL
MGRM	MARGATE C.P. ASSOCIATE	% 2 ALHAMBRA PLAZA, STE 12		CORAL GABLES FL
MGRM	M McNULTY, JOAN O	% 7480 FAIRWAY DR., STE. 1		MIAMI LAKES FL
MGRM	HARMIL PARTNERS, LTD.	% 200 S. BISCAYNE BLVD., S		MIAMI FL
MGRM	JOHN K. PETRAKIS TRU,	24 RED TAIL DR.		HIGHLANDS RANCH CO
				
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: _____ 		3/12/97 (305) 673-4357 Date Daytime Phone #		