


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # 194000000347 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 | |
| 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 03/04/1998 | | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL <i>[Signature]</i></div> | |
| 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 if not noted on file)</small> | | DATE _____ | |
| 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 | 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 |
| | | | 000002733096-- 3 -03/03/99--01045--014 *****188.75 *****188.75 |

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 AND TYPED OR PRINTED NAME OF SECRETARY, MANAGER, MEMBER OR MANAGER

[Signature] 2/19/99 305-373-9400