File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY THED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 00 APR 21 FH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # 195000000497** 1a. Principal Place of Business Address DOWNTOWN INDUSTRIAL PROPERTIES, L.C. 100 S BISCAYNE BLVD 100 S BISCAYNE BLVD SUITE 1100 SUITE 1100 MIAMI FL 33131 MIAMI FL 33131 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 06/26/1995 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0599959 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žiρ Country Zip Country \$8.75 Additional Fee Required 05/01/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name HOLLO, TIBOR 100 S BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 1100 MIAMI FL 33131 Suite, Apt #, etc Zip Code City 9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited hability 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 Age) (Accepting April of Menny (MON). Begistered Ages (Signatus to Line dischedit in the 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM HOLLO, TIBOR 100 S BISCAYNE BLVD SUITE MIAMI FL MGRM HOLLO, WAYNE 100 S BISCAYNE BLVD SUITE MIAMI FL 5d0002859105--# -04/30/99--01125--021 ****188.**7**5_ ****188.75 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. 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 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: MAYNE HOLLO

Б. БИР ГЕОГРИГИЯ ПЕТЕТАМЕ ОГЕЗКИ ПРЫ МАКА ОГЛЫМЕМИЯ ПЕСТЕМАЦАТО В

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