

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY - 1 PM 12: 20

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 # L95000000958**  
  
TWIN LAKES RACQUET CLUB, L.C.  
SUITE 1100 ONE BISCAYNE PLAZA  
100 S BISCAYNE BLVD  
MIAMI FL 33131

1a. Principal Place of Business Address  
  
SUITE 1100 ONE BISCAYNE PLAZ  
100 S BISCAYNE BLVD  
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  
12/08/1995

3a. State of Formation  
FL

4. FEI Number  
65-0626044  
 Applied For  
 Not Applicable

5. Date of Last Report  
05/12/1997

6. Certificate of Status Desired  
SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
HOLLO, TIBOR  
SUITE 1100 ONE BISCAYNE PLAZA  
100 S BISCAYNE BLVD  
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. 100002513711--7  
-05/06/98--01093--001  
City \*\*\*\*188.75 \*\*\*\*188.75  
FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	HOLLO, TIBOR	SUITE 1100 ONE BISCAYNE PI	MIAMI FL
MEM	HOLLO, WAYNE	SUITE 1100 ONE BISCAYNE PI	MIAMI FL
MEM	HOLLO, JEROME	SUITE 1100 ONE BISCAYNE PI	MIAMI FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: Wayne Hollo 4/7/98  
AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date Daytime Phone #