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 & Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 196000000694** 1a. Principal Place of Business Address CANO REAL ESTATE HOLDINGS L.C. 4010 PARK AVE. 4010 PARK AVE. MIAMI FL 33133 MIAMI FL 33133 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2 Principal Place of Business 06/24/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0675836 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 03/23/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CANO, LUIS J 4010 PARK AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33133 Suite, Apt #, etc 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 Agent Agent Report Invest) (North, Borgistere (Agent registive received when two Antisc) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MIAMI FL, 33/33 CANO, LUIS J 4010 PARK AVENUE MGRM MIAMI FL/ 33/33 CANO, TERESA C S.W. 16TH AVENUE MGRN 4010 PARK AVENUE **600002794636--**-03/04/99--01069--004 \*\*\*\*188.75 \*\*\*\*188.75 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 limbed liability company or the receiver or trustee employed 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. SELECTED FOR THE SELECT OF THE SELECT SIGNATURE:

INHSE10 R (12-98)