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

LIMITED LIABILITY COMPANY ANNUAL REPORT ' 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address
of Limited Liability Company

DOCUMENT #

L97000000496

ERIN BAY ASSOCIATES, LLC 90 NW 164TH STREET

Managing Members/Managers

YUEN, LESLEY ANN LEE

*Name Correction Only

LEE YUEN, LESLEY ANN

GRAHAM, ADAM C

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR 29 PM 3: 10

1a. Principal Place of Business Address

| 90 NW 164TH STREET NORTH MIAMI BEACH FL 33169 | | | | | 90 NW 164TH ST NORTH MIAMI BI | |
|--|------------|---------------------|---|--|----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | | 3. Date Organized or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05/07/1997 4. FEI Number | FI Applied For | |
| City & State | | City & State | | 65-0774668 Not Applicable | | |
| Zip | Country | Zip | Countr | у | 5. Date of Last Report | 6. Certificate of Status Desired 88.75 Additional fee flequired |
| 7. Name and Address of Current Registered Agent | | | | 8. Name and Address of New Registered Agent/Office | | |
| YUEN, LESLEY ANN LEE 90 NW 164TH STREET | | | Name # NAME CORRECTION ONLY LEE YUEN, LESLEY ANN Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | |
| NORTH MIAMI | BEACH FL 3 | 3169 | | Suite, Apt. #, etc. | | <i>&</i> |
| NORTH MIAMI | BEACH FL 3 | 3169 | | Suite, Apt. #, etc. | FL | Zip Code |

Business Street Address

90 NW 164TH STREET

90 NW 164TH STREET

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstailing)

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. 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 Ilmited 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 a attachment with an address.

10. Title

MEM

MEM

SIGNATURE: LES LEY ANN LEE YUEN
SIGNATURE AND TYPE D'ON FRINTED (MAN OF SIGNING MANAGING MEMBER OR MANAGER

City, State and Zip Code

NORTH MIAMI BEACH FL

NORTH MIAMI BEACH FL