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 FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 22 AH 8: 59 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETART OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 197000000537** 1a. Principal Place of Business Address GOTHAM ENTERPRISES 702, L.C. 1400 OCEAN DRIVE 14<del>00 OCEAN DR</del>IVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date Organized or Qualified 2 Principal Place of Business 3a. State of Formation 300 Cours A 05/16/1997 FL4. FEI Number Applied For 65-0763109 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired PAPL \$8.75 Additional Fee Required 04/13/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SCHLESSER, MEL 4400 003M DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 Zip Code 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. DATE (Registered Agent Accepting Apper Presite (NOTE: Registered Agent signature required when remits to o) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers 1400 OCEAN DRIVE MIAMI BEACH FL MGR SCHLESSER, MEL 1300 Cours Ave #100 \*\*\*\*188.75 \*\*\*\*188.75 11 Ldo 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 fimited liability company or the receiver or trustee empowered to solve this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SHARRES MANAGERICAMENTH OR MANAGER

SIGNATURE:

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