2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY -3 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000469699 AF

DOCUMENT # L99000003837

1. Entity Name
PELICAN HILL, LLC

Principal Place of Business	Mailing Address
450 E. LAS OLAS BLVD., SUITE 1400 FT. LAUDERDALE FL 33301	450 E. LAS OLAS BLVD., SUITE 1400 FT. LAUDERDALE FL 33301-4206

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
501 E. Camino Real	P. O. Box 5025
Suite, Apt. #, etc.: Corporate Office	Suite, Apt. #, etc.: Corporate Office
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country:	Zip: 33431 Country:

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE., 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	MGRM [ ] Delete	TITLE	[X] Change [ ] Addition
NAME	FPH/RHI MERGER CORP., INC.	NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1400	STREET ADDRESS	501 E. Camino Real
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	900003264859--5
TITLE	[ ] Delete	TITLE	-05/24/00--01042--029 [ ] Change [ ] Addition
NAME		NAME	*****50.00 *****50.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (9/99)

11. I 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 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.

SIGNATURE: SIGNATURE REQUIRED Steven M. Dauria 4-28-00 561-447-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #