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 $ 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 #** Z00218

GATOR APARTMENTS, L.C.
2250 NE 163 ST
SUITE 6
N MIAMI BEACH FL 33160

1a. Principal Place of Business Address

2250 NE 163 ST
SUITE 6
N MIAMI BEACH FL 33160

2. Principal Place of Business 1595 NE 163RD STREET	2a. Mailing Address 1595 NE 163RD STREET	3. Date Organized or Qualified 04/27/1990	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
City & State	City & State	65-0188075	☐ Not Applicable
Zip 33162	Country	Zip 33162	Country	5. Date of Last Report 05/01/1997	6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
GOLDSMITH, JAMES A. 2250 NE 163 ST N MIAMI BEACH FL 33160	Name
	Street Address (P.O. Box Number is Not Acceptable) 1595 NE 163RD STREET
	Suite, Apt. #, etc.
	City
	FL 33162

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 4-1-98
(Registered Agent Accepting Appointment)   (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	GOLDSMITH, JAMES	~~2250~~ 1595 NE 163 ST, ~~#6~~	N MIAMI BEACH FL
M	MISKA, DOUGLAS S.	~~2250~~ 1595 NE 163 ST, ~~#6~~	N MIAMI BEACH FL
M	GOLDSMITH, WILLIAM I.	~~2250~~ 1595 NE 163 ST, ~~#6~~	N MIAMI BEACH 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) (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 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: _____   4-1-98   (305) 949-9049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #