

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris Secretary of State	
1999		DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		<b>FILED</b> 99 APR 30 AM 11:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name and Mailing Address of Limited Liability Company <b>FISHER ISLAND DEVELOPERS, LLC</b> <b>1 Fisher Island Drive</b> <b>Fisher Island, FL 33109-0001</b>		1a. Principal Place of Business Address <b>1 Fisher Island Drive</b> <b>Fisher Island, FL 33109-0001</b>	
2. Principal Place of Business <b>1 Fisher Island Drive</b> Suite, Apt #, etc. City & State <b>Fisher Island, FL</b> Zip <b>33109-0001</b> Country <b>U.S.A.</b>		2a. Mailing Address <b>1 Fisher Island Drive</b> Suite, Apt #, etc. City & State <b>Fisher Island, FL</b> Zip <b>33109-0001</b> Country <b>U.S.A.</b>	
3. Date Organized or Qualified <b>07-27-98</b>		3a. State of Formation <b>FL</b>	
4. FEI Number <b>58-2405181</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>American Information Systems, Inc.</b> <b>1 S.E. Third Avenue</b> <b>Miami, FL 33131</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City <b>FL</b> 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.			
SIGNATURE _____		DATE _____	
(Registered Agent Changing Appointment) (NOT: Registered Agent Signature required when not changing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	M/M FI DEVELOPMENT INC.	1 Fisher Island Drive	Fisher Island, FL 33109
300002868509--E -05/07/99--01154--017 ***566.25 ***188.75 4/27/99 3055356092			
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: <i>Karen Harris</i>		4/27/99 3055356092	