

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003369 (5)

1. Corporation Name  
**MIG RESIDENTIAL REIT, INC.**

Principal Place of Business <b>ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE. S. WEST PALM BEACH FL 33401</b>	Mailing Address <b>ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE. S. WEST PALM BEACH FL 33401-5010</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/27/1994</b>	3a. Date of Last Report <b>03/12/1996</b>
				4. FEI Number <b>65-0498732</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GOLDBERGER, JANE S. 250 S AUSTRALIAN AVE STE 400 WEST PALM BEACH FL 33401</b>		10. Name and Address of New Registered Agent 81 Name <b>Sharon Patric</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>250 Australian Ave. S #400</b> 83 84 City <b>West Palm Beach</b> FL 85 Zip Code <b>33401</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Sharon V. Patric Sharon Patric DATE **4/23/97**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD WAYMAN, EDWIN B 250 AUSTRALIAN AVE. S., STE. 400 WEST PALM BEACH FL 33401</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>VP Louis E. Vogt 250 Australian Ave. S #400 West Palm Beach, FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WRIGHT, LARRY E 250 AUSTRALIAN AVE. S., STE. 400 WEST PALM BEACH FL 33401</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP COTE, JAMES A 250 AUSTRALIAN AVE. S., STE. 400 WEST PALM BEACH FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EDELSTEIN, ROBERT DR. 250 AUSTRALIAN AVE. S., STE. 400 WEST PALM BEACH FL 33401</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FISHER, JEFFREY D DR. 250 AUSTRALIAN AVE. S., STE. 400 WEST PALM BEACH FL 33401</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST GUTIN, KATHLEEN L 250 AUSTRALIAN AVE. S., STE. 400 WEST PALM BEACH FL 33401</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen L. Gutin DATE **4/23/97** DAYTIME PHONE # **561-820-1300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)