

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006281 (7)**  
 1. Corporation Name  
**ACQUIPORT DORAL POINTE, INC.**



Principal Place of Business % THE RREEF FUNDS. 55 E. 52ND ST. 31ST FL. NEW YORK NY 10055	Mailing Address % THE RREEF FUNDS. 55 E. 52ND ST. 31ST FL. NEW YORK NY 10055
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/03/1996</b>	4. FEI Number <b>13-3917563</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Country	29 Country	30		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent		
		B1 Name		
		B2 Street Address (P.O. Box Number is Not Acceptable)		
		B3		
		B4 City	<b>FL</b>	B5 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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	PD	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGAN, GERALD E	1.2 NAME	Michael J. Robillard
STREET ADDRESS	875 N MICHIGAN AVE., STE. 4114	1.3 STREET ADDRESS	100 South Wacker Drive, Suite 1850
CITY-ST-ZIP	CHICAGO IL 60811	1.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	VD	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, JAMES D	2.2 NAME	Peter F. Feinberg
STREET ADDRESS	875 N. MICHIGAN AVE., STE. 4114	2.3 STREET ADDRESS	55 East 52nd Street, 31st Floor
CITY-ST-ZIP	CHICAGO IL 60811	2.4 CITY-ST-ZIP	New York, NY 10055-3198
TITLE	V	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLAN, PATRICK J	3.2 NAME	Patricia M. Hamilton
STREET ADDRESS	55 E. 52ND ST., 31ST FL.	3.3 STREET ADDRESS	2470 Windy Hill North, Suite #243
CITY-ST-ZIP	NEW YORK NY 10055	3.4 CITY-ST-ZIP	Marietta, GA 30067
TITLE	V	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMOR, ROBERT H	4.2 NAME	Paula M. Ferkull
STREET ADDRESS	55 E. 52ND ST., 31ST FL.	4.3 STREET ADDRESS	875 North Michigan Avenue, 41st Floor
CITY-ST-ZIP	NEW YORK NY 10055	4.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE	V	5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOWDEN, WEBB JR.	5.2 NAME	Patrick E. Brown
STREET ADDRESS	1201 MAIN ST., STE. 930	5.3 STREET ADDRESS	Plunkett & Jaffe, PC
CITY-ST-ZIP	DALLAS TX 75202	5.4 CITY-ST-ZIP	111 Washington Avenue
TITLE	V	6.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPPE, STEPHEN M	6.2 NAME	John S. Harris
STREET ADDRESS	850 CALIFORNIA ST., STE. 1800	6.3 STREET ADDRESS	Plunkett & Jaffe, P.C.
CITY-ST-ZIP	SAN FRANCISCO CA 94108	6.4 CITY-ST-ZIP	111 Washington Avenue

1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael J. Robillard
1.3 STREET ADDRESS	100 South Wacker Drive, Suite 1850
1.4 CITY-ST-ZIP	Chicago, IL 60606
2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peter F. Feinberg
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3.2 NAME	Patricia M. Hamilton
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3.4 CITY-ST-ZIP	Marietta, GA 30067
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5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Patrick E. Brown
5.3 STREET ADDRESS	Plunkett & Jaffe, PC
5.4 CITY-ST-ZIP	111 Washington Avenue
6.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John S. Harris
6.3 STREET ADDRESS	Plunkett & Jaffe, P.C.
6.4 CITY-ST-ZIP	111 Washington Avenue

14. 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 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; 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: *Patrick E. Brown*

CR2E034 (10/97)