

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

**FILED**  
**Mar 26 1997 8:00am**  
**Secretary of State**

|                                              |                                                                                   |                                                                                                           |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # J39106 (6)**  
1. Corporation Name  
**SUMMERWINDS APARTMENTS REALTY CORP.**



|                                                                                                                          |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>C/O MARCO REALTY AND MNGT. CO.<br/>6431 COW PEN ROAD<br/>MIAMI LAKES FL 33014-6601</b> | Mailing Address<br><b>C/O MARCO REALTY AND MNGT. CO.<br/>6431 COW PEN ROAD<br/>MIAMI LAKES FL 33014-6601</b> |
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|                                                                                                     |                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 <b>C/O Insignia Management Group, L.P.</b><br>27 Suite, Apt. #, etc.<br>28 <b>2300 Glades Rd., Ste. 430 West</b><br>29 City & State<br>30 <b>Boca Raton, Florida</b><br>31 Zip<br>32 <b>33431</b><br>33 <b>U.S.A.</b> |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                             |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/23/1986</b>                                                                                                      | 3a. Date of Last Report<br><b>03/08/1996</b> |
| 4. FET Number<br><b>59-2735788</b>                                                                                                                          | Applied for Not Applicable                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |
| 10. Name and Address of New Registered Agent                                                                                                                |                                              |

|                                                                                                                                                                 |                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>KELLEY DRYE &amp; WARREN<br/>ATTN. JAMES SHINDELL<br/>201 S. BISCAYNE BLVD., #2400<br/>MIAMI FL 33014</b> | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 <b>300002125123</b><br><b>-03/26/97--01112--003</b><br>84 City<br><b>***165.00</b><br>85 Zip Code<br><b>FL</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.

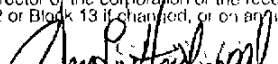
SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                      |
|----------------------------|-------------------|-------------------------------------------------------|--------------------------------------|
| TITLE                      | PTD               | 1.1 TITLE                                             | P/D                                  |
| NAME                       | COMART, MARTIN    | 1.2 NAME                                              | HATFIELD, JOHN                       |
| STREET ADDRESS             | 6431 COW PEN ROAD | 1.3 STREET ADDRESS                                    | 285 PEACHTREE CENTER AVE., STE. 2300 |
| CITY-ST-ZIP                | MIAMI LAKES FL    | 1.4 CITY-ST-ZIP                                       | ATLANTA, GA 30303                    |
| TITLE                      | VSD               | 2.1 TITLE                                             | VP/D                                 |
| NAME                       | MELTZER, ODED T   | 2.2 NAME                                              | MEYLOR, EDWARD J.                    |
| STREET ADDRESS             | 6431 COW PEN ROAD | 2.3 STREET ADDRESS                                    | 200 VESFY, 12TH FLOOR                |
| CITY-ST-ZIP                | MIAMI LAKES FL    | 2.4 CITY-ST-ZIP                                       | NEW YORK, NY 10285                   |
| TITLE                      |                   | 3.1 TITLE                                             | VP/D                                 |
| NAME                       |                   | 3.2 NAME                                              | KELLY, JEFFREY                       |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    | 2300 GLADES ROAD, SUITE 430 WEST     |
| CITY-ST-ZIP                |                   | 3.4 CITY-ST-ZIP                                       | BOCA RATON, FL 33431                 |
| TITLE                      |                   | 4.1 TITLE                                             | S/D                                  |
| NAME                       |                   | 4.2 NAME                                              | WILLIS, JOY                          |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    | 285 PEACHTREE CENTER AVE., STE. 2300 |
| CITY-ST-ZIP                |                   | 4.4 CITY-ST-ZIP                                       | ATLANTA, GA 30303                    |
| TITLE                      |                   | 5.1 TITLE                                             | T/D                                  |
| NAME                       |                   | 5.2 NAME                                              | KISTEL, DANIEL                       |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    | 2300 GLADES ROAD, SUITE 430 WEST     |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       | BOCA RATON, FL 33431                 |
| TITLE                      |                   | 6.1 TITLE                                             |                                      |
| NAME                       |                   | 6.2 NAME                                              |                                      |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |                                      |
| CITY-ST-ZIP                |                   | 6.4 CITY-ST-ZIP                                       |                                      |

|                                 |                                              |
|---------------------------------|----------------------------------------------|
| Change <input type="checkbox"/> | Addition <input checked="" type="checkbox"/> |
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(CONTINUES ON ATTACHED LIST)

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. 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:  John C. Hatfield, President 3/7/97 (404) 420-5600

CR2E034 (9/96)

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## ADDEMDUM TO 1997 CORPORATION ANNUAL REPORT

### SUMMERWINDS APARTMENTS REALTY CORP.

#### Additions/Changes to Officers and Directors in 12

|                            |        |
|----------------------------|--------|
| D                          | Change |
| MELTZER, ODED              |        |
| 6431 Cow Pen Road          |        |
| Miami Lakes, Florida 33014 |        |

|                            |        |
|----------------------------|--------|
| D                          | Change |
| COMART, MARTIN             |        |
| 6431 Cow Pen Road          |        |
| Miami Lakes, Florida 33014 |        |