## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED Secretary of State DIVISION OF CORPORATIONS 97 JAN 28 PH 12: 33 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALLAHASSEE FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT** #19200000066 1a. Principal Place of Business Address 53 MERRICK WAY, L.C. 53 MERRICK WAY, L.C. 53 MERRICK WAY, L.C. CORAL GABLES FL 33134 CORAL GABLES FL 33134 If above mailing address is incorrect in any way, line through Incorrect Information and enter correction in Block 2a 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 12/09/1992 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0377721 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country ss 75 Additional Fee Bequired 02/23/1996 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent Nama EPSTEIN, MEREDITH 53 MERRICK WAY Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 Suite, Apt. #, etc. City 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** (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code М EPSTEIN, MEREDITH 53 MERRICK WAY CORAL GABLES FL М KING, RONALD 53 MERRICK WAY CORAL GABLES FL 600002072096--1 -01/29/97-01034--005 \*\*\*\*203.75 \*\*\*\*203.75

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 imitted liability company or the receiver or trigstee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an extraobment with on address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE: