


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #L93000000143</b>  PLAZA INVESTMENT HOLDINGS, L.C. % 5825 COLLINS AVE. SUITE 14-F MIAMI BEACH FL 33140		1a. Principal Place of Business Address  % 5825 COLLINS AVE. SUITE 14-F MIAMI BEACH FL 33140	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified  05/12/1993		3a. State of Formation  FL	
4. FEI Number  65-0408736		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report  03/19/1996		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  CAHAN, RICHARD J. A SCHANTZ, SCHATZMAN & ARONSON P.A. FIRST UNION NATIONAL BANK, SUITE 365 MIAMI FL 33131		8. Name and Address of New Registered Agent  Name RICHARD J. ALAN CAHAN, ESQ. Street Address (P.O. Box Number is Not Acceptable) c/o BECKER & POLIAKOFF, P.A. Suite, Apt. #, etc. 5201 Blue Lagoon Drive, Suite 100 City MIAMI Zip Code FL 33126	
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 Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	GELBER, ROSE	5825 COLLINS AVE., SUITE 1	MIAMI BEACH FL
MEM	WEINERMAN, MINNA	3180 S. OCEAN DR., #1609	MALLANDALE FL
Adm 488.75 100.00 8000002210848-6 -06/12/97-01127-002 ***588.75 ***588.75			
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 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: <u>Rose Gelber</u>		ROSE GELBER 5/20/97 305-868-0983	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	