


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 30 PM 2:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA																	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L93000000153 TRICOR HOLDINGS, L.C. 1401 BRICKELL AVE SUITE 530 MIAMI FL 33131		1a. Principal Place of Business Address 1401 BRICKELL AVE SUITE 530 MIAMI FL 33131																			
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 05/17/1993 4. FEI Number 65-0437617 5. Date of Last Report 04/11/1997																	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
7. Name and Address of Current Registered Agent MARCO, GERALD A 1401 BRICKELL AVE SUITE 530 MIAMI FL 33131			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 900002477169--4 Suite, Apt. #, etc. -04702/98--01084--017 ***188.75 ***188.75 City FL 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) DATE _____																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10. Title</th> <th style="width:30%;">Managing Members/Managers</th> <th style="width:30%;">Business Street Address</th> <th style="width:30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MEM</td> <td>MARCO, GERALD A</td> <td>1401 BRICKELL AVE, STE 530</td> <td>MIAMI FL</td> </tr> <tr> <td>MEM</td> <td>CUMMINGS, PAUL M</td> <td>1428 BRICKELL AVE #400</td> <td>MIAMI FL</td> </tr> <tr> <td>MEM</td> <td>VOLSKY, GEORGE</td> <td>1428 BRICKELL AVE #400</td> <td>MIAMI FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MEM	MARCO, GERALD A	1401 BRICKELL AVE, STE 530	MIAMI FL	MEM	CUMMINGS, PAUL M	1428 BRICKELL AVE #400	MIAMI FL	MEM	VOLSKY, GEORGE	1428 BRICKELL AVE #400	MIAMI FL
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Sandra B. Mortham* 3/25/98 (305) 371-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #