File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT TOO Socretary of State Socretary of State							•		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							\$0.500.000.000:44		
1. Name and Mailing Address of Limited Liability Company IAKESIDE FIVE GROUP, L.C. 13200 S.W. 128TH STREET SUITE E-1 MIAMI FL 33186						18. Principal Place of Business Address 13000 SW 133RD COURT MIAMI FL 33186			
<u> </u>			ng Address			3. Date Organized or Qualified 08/05/1993		3a. State of Formation	
			v & Stato			4, FEI Number Applied For			
Zip			Zip		ry	65-0430563 5. Date of Last Report 03/20/1998		Not Applicable 6. Certificate of Status Desired 88.75 Additional Fee Required	
7. Name and Address of Currer		Idress of Current Registered	Registered Agent		B. 1	Name and Address of New Regis		tered Agent/Office	
HENDRIKSE, NELSON J 13200 S.W. 128TH ST., BLDG. E MIAMT FL 33186 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc03/04/99-01065-00 *****188 75 *****188 City Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statules, the above-named limited liability company submits this statement for the purpose of changits registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appoint as registered agent, and accept the obligations. SIGNATURE DATE								4/93 01065 003 188, 75 ****188. 7! Zip Code ///	
(Registered Agent Accepting Appendix of the Tale Managing Members/Managers			(NCC) - Househeld Age	Ott. Hogestered Agent signation to principle to whence reducing Business Street Address			City,	State and Zip Code	
MEM MEM MEM MEM	SOUTIEAST PALMERS V HENDRIKSE HENDRIKSE	13000 SW 133RD CT 12790 S. DIXIE HIG 8220 SW 192ND ST 8220 SW 192ND ST 7401 SW 148TH ST			БНWА Ү	MIAMI MIAMI MIAMI MIAMI	FL FL		
indicated o	IEM NOTHEIS, WALTER M Ide hereby certify that the information supplied with this filing delicated on this annual report is true and accurate and that my shited liability company or the receiver or tractee empowered to a			r the ex	same legal effect as	ction 119 07(3) (i), F	lorida Statutes I hat I am a man	I further certify that the information laging member or manager of the	
		/// \ \ ~/	1						

We don't while 2/19/99 (305) 385-36-33)
SHEALTH AND THE THE PROPERTY AND SHEALTH MANAGED CHANGED CHANGED TO THE PROPERTY OF TH

INHSE10 R (12-98)

SIGNATURE: _ (//