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

FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 APR -3 AH 11: 27 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE \$ 203.75 TALLAHASSEE FLORIDA Name and Mailing Address
of Limited Liability Company 1a. Principal Place of Business Address P & R REALTY, L.C. 7820 N.W. 56TH STREET 7820 N.W. 56TH STREET міамі ғі 33166 MIAMI FL 33166 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3a. State of Formation 3. Date Organized or Qualified 2a. Mailing Address 2 Principal Place of Business b9/15/1993 ۴L Suite, Apt. #, etc. 4. FEI Number Suite, Apt. #, etc. Applied For Not Applicable 65-0443021 City & State City & State 6. Certificate of Status Desired 5. Date of Last Report Country Zip 8 75 Additional Fee Required Country D2/12/1996 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent Name BLEUSTEIN, ROSS 7820 N.W. 56TH STREET Street Address (P.O. Box Number la Not Acceptable) MIAMI FI 33166 Suite, Apt. #, etc. -04/04/97-9. Pursuant to the provisions of Sections 608 76 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 onligati SIGNATURE X (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** Managing Members/Managers 10. Title MIAMI FL 820 N.W. 56TH STREET BLEUSTEIN, ROSS MGRM MIAMI FL 820 N.W. 56TH STREET MGRM BLEUSTEIN, PAUL

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 hability company or the receiver of trustee empowered to expect 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:

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