| File on<br>subject   | or before                          | May 1 | l, 1998 or l<br>ATE FEE. | Limited             | l Liabili               | ty Com             | pany w    | rill be |  |                 |                |                        |
|--|------------------------------------|-------|--------------------------|---------------------|-------------------------|--------------------|-----------|---------|--|-----------------|----------------|------------------------|
| LIMITED LIABILITY COMPANY  ANNUAL REPORT  1998  FLORIDA DEPARTMENT OF STATE  Sendra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS   |                                    |       |                          |                     |                         |                    |           |         | SECRETARY OF STATE DIVISION OF CORPORATIONS  98 MAR -6 AM 10: 40             |                 |                |                        |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  |                                    |       |                          |                     |                         |                    |           |         | )  | , o will        | V: 4U          |                        |
| 1. Name and Malling Address of Limited Liability Company  DOCUMENT # 193000000302  P & R REALTY, L.C. 7820 N.W. 56TH STREET MIAMI FL 33166   |                                    |       |                          |                     |                         |                    |           |         | 1a. Principal Pice of Business Address  7820 N.W. 56TH STREET MIAMI FL 33166 |                 |                |                        |
| Principal Place of Business 2a.  |                                    |       |                          |                     | . Malling Address       |                    |           |         | 3. Date Organize   | ed or Qualified | 3a. State      | of Formation           |
| Sulte, Apt. #, etc.  |                                    |       |                          | Suite, Apt. #, etc. |                         |                    |           |         | 09/15/1993<br>4. FEI Number  |                 | FL             | Applied For            |
| City & State   |                                    |       |                          | City & Str          |                         |                    |           | 65-0443 | 021 _  | _               | Not Applicable |                        |
| <b>Z</b> ip  | Country Zip                        |       |                          | Zip                 | O Countr                |                    |           |         | 5. Date of Last F  | Report          |                | cate of Status Desired |
| 7. Name and Address of Current Registered  |                                    |       |                          |                     |                         | Agent Name         |           |         | 3. Name and Address of New Registered Agent/Office                           |                 |                |                        |
| BLEUSTEIN, ROSS<br>7820 N.W. 56TH STREET<br>MIAMI FL 33166   |                                    |       |                          |                     |                         | Sulte, Apt. #, etc |           |         | ****188.75 ****188.75<br>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  |                                    |       |                          |                     |                         |                    |           |         | <u> </u>   | DATE            | <del></del>    |                        |
| 10. Title  | Managing Members/Managers          |       |                          |                     | Business Street Address |                    |           |         |  | City            | , State and    | Zip Code               |
| - (  | BLEUSTEIN, ROSS<br>BLEUSTEIN, PAUL |       |                          | Í                   |                         |                    | 56TH STRE |         |  | MIAMI<br>MIAMI  |                |                        |
| ٠  |                                    |       |                          |                     |                         |                    |           |         |  |                 |                |                        |

1. Ido 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 indicated 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** 

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

03/03/98-305-717-9951