


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 PM 4: 10 <i>3/5/98</i>	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L93000000414</b>  EMERALD LAKE PLAZA, L.C. 3990 SHERIDAN ST SUITE 209 HOLLYWOOD FL 33021				1a. Principal Place of Business Address  3990 SHERIDAN ST SUITE 209 HOLLYWOOD FL 33021			
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  11/24/1993		3a. State of Formation  FL	
				4. FEI Number  65-0448483		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report  04/09/1997		6. Certificate of Status Desired  \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  BERMAN, STEVEN 3990 SHERIDAN ST SUITE 209 HOLLYWOOD FL 33021				8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL			
				800002452158--7 -03/10/98--01045--006 ****188.75 ****188.75			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGRM	BERMAN, HOWARD B	3990 SHERIDAN ST SUITE 209		HOLLYWOOD FL			
MEM	BERMAN, SUSY	3990 SHERIDAN ST SUITE 209		HOLLYWOOD FL			
MEM	PARAMOUNT PROPERTIES,	3990 SHERIDAN ST SUITE 209		HOLLYWOOD FL			
MEM	BATIEVSKY, ABRAHAM	3990 SHERIDAN ST SUITE 209		HOLLYWOOD FL			
T	COHEN, GAIL	3990 SHERIDAN ST., SUITE 2		HOLLYWOOD FL			
T	COHEN, HAROLD A	3990 SHERIDAN ST., SUITE 2		HOLLYWOOD FL			

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:**  Steven B. Berman 2/26/98 (954) 981-7744

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

Date

Daytime Phone #