


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 | |
|--|---------------------------|--|---|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # L94000000290 | |
| FOUR WAVES AT BAY HILL, L.C. 5701 N. PINE ISLAND RD., SUITE 390- TAMARAC FL 33321 | | 1a. Principal Place of Business Address 5701 N. PINE ISLAND RD., SUI TAMARAC FL 33321 | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Organized or Qualified | 3a. State of Formation |
| 2539 Old Okeechobee Rd Suite, Apt. #, etc. SUITE 1 | SAME AS | 06/24/1994 | FL |
| City & State | City & State | 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| WEST PALM BEACH, FLA | (2) | 65-0499312 | |
| Zip | Country | 5. Date of Last Report | 6. Certificate of Status Desired |
| 33409 | USA | 05/02/1997 | \$8.75 Additional Fee Required <input type="checkbox"/> |
| 7. Name and Address of Current Registered Agent | | 8. Name and Address of New Registered Agent/Office | |
| LARRY A. ROTHENBERG, P.A. 2424 N. FEDERAL HIGHWAY BOCA RATON FL 33431 | | Name Street Address (P.O. Box Number) SUITE, APT. #, etc. City Zip Code | |
| | | -05/05/98--01136--030 ***188.75 ***188.75 FL | |
| 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 _____ | |
| (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGRM | FOUR WAVES ENTERPRISES | 5701 N. PINE ISLAND RD., S 2539 OLD OKEECHOBEE RD. | TAMARAC FL WEST PALM BEACH, FLA |

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: _____

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

4/27/98 (561) 478-1859