

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** I-94000000334

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MARGATE C.P. ASSOCIATES, L.C.  
~~8 MARTIN GENAUER (KARP, GENAUER LEVINE PA)~~  
~~2 ALHAMBRA PLAZA, SUITE 1202~~  
~~CORAL GABLES FL 33134~~

98-AP  
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1a. Principal Place of Business Address

~~8 MARTIN GENAUER (KARD, GENA~~  
~~2 ALHAMBRA PLAZA, SUITE 1202~~  
~~CORAL GABLES FL 33134~~

2. Principal Place of Business	2a. Mailing Address
1401 BRICKELL AVENUE	1401 BRICKELL AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
630	SUITE 630
City & State	City & State
MIAMI, FL	MIAMI, FL
Zip	Zip
33131	33131
Country	Country

3. Date Organized or Qualified <b>07/14/1994</b>	3a. State of Formation <b>FL</b>
4. FEI Number <b>65-0584458</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <b>03/30/1997</b>	6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent

~~ALHAMBRA REGISTERED , AGENTS INC~~  
~~2 ALHAMBRA PLAZA~~  
~~SUITE 1202~~  
~~CORAL GABLES FL 33134~~

8. Name and Address of New Registered Agent/Office	
Name <b>IRA M. LEVENSHON</b>	
<b>CDMA REALTY CORPORATION</b>	
Street Address (P.O. Box Number Is Not Acceptable)	
<b>1401 BRICKELL AVENUE</b>	
Suite, Apt. #, etc.	
<b>SUITE 630</b>	
City	Zip Code
<b>MIAMI</b>	<b>FL 33131</b>

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 [Signature] DATE 3/5/98  
(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	LEWIN, NATHAN	% 2 ALHAMBRA PLAZA, SUITE	CORAL GABLES FL
MGRM	GENAUER, MARTIN J	% 2 ALHAMBRA PLAZA, SUITE	CORAL GABLES FL

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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: Mark Gena 3/5/98 (305) 445-3545