



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<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>	
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L94000000334</b> MARGATE C.P. ASSOCIATES, L.C. 1401 BRICKELL AVENUE, SUITE 630 MIAMI FL 33131		<b>1a. Principal Place of Business Address</b> 1401 BRICKELL AVENUE, SUITE MIAMI FL 33131	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>3. Date Organized or Qualified</b> 07/14/1994		<b>3a. State of Formation</b> FL	
<b>4. FEI Number</b> 65-0584458		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b> 03/26/1998		<b>6. Certificate of Status Desired</b> \$8.75 Additional Fee Required <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b> LEVENSHON, IRA M % M2 REALTY CORPORATION 1401 BRICKELL AVENUE, SUITE 630 MIAMI FL 33131		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
<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.</b>			
<b>SIGNATURE</b> _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reissuing)</small>		<b>DATE</b> _____	
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGRM	LEWIN, NATHAN	% 2 ALHAMBRA PLAZA, SUITE	CORAL GABLES FL
MGRM	GENAUER, MARTIN J	% 2 ALHAMBRA PLAZA, SUITE	CORAL GABLES FL
100002798101--0 -03/03/99-01045-017 ****188.75 ****188.75			
<b>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.</b>			
<b>SIGNATURE:</b> 		2/22/99 305 445 3545	