FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 **DIVISION OF CORPORATIONS** 97 MAR 17 AM 8: 58 **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #L9400000347 1a. Principal Place of Business Address CORAL POINTE PLAZA INVESTORS, L.C. % M2 REALTY CORP. M2 REALTY CORP. 1401 BRICKELL AVE., STE. 630 401 BRICKELL AVE., STE. 630 MIAMI FL 33131 41AMI FL 33131 If above mailing address is incorrect in any way, fine through incorrect information and enter correction in Block 2a 2 Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 07/19/1994 İΙ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0504445 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζıp Country Country S8 75 Additional Fee Required 03/28/1996 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent M2 REALTY CORPORATIO, N 1401 BRICKETL AVE. Street Address (P.O. Box Number is Not Acceptable) SUITE 630 MIAMI EL 33131 Suite, Apt. #, etc. City 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 800002117778--9 -03/19/97--01041--013 as registered agent, and accept the obligations. SIGNATURE _ DATE****203.75 ****203.75 (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 MOYA, FRANK M.D. 801 ARTHUR GODFREY RD., ST MIAMI BEACH FL MGRM MOYA, ELINABETH M \$01 ARTHUR GODFREY RD., ST MIAMI BEACH FL MGRM MARGATE C.P. ASSOCIATE 2 ALHAMBRA PLAZA, STE 12 CORAL GABLES FL MGRM MCNULTY, JOAN O 7480 FAIRWAY DR., STE. 1 MIAMI LAKES FL MGRM HARMIL PARTNERS, LTD. 200 S. BISCAYNE BLVD., S MIAMI FL MGRM JOHN K. PETRAKIS TRU, 4 RED TAIL DR. HIGHLANDS RANCH_CO 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 cath; 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.

D NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: