
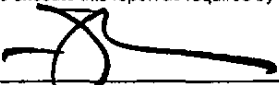


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -4 AM 11:57 <div style="text-align: right; font-size: 1.5em;"> 3/6 </div>	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <div style="text-align: right; font-weight: bold; font-size: 1.2em;">DOCUMENT # L94000000347</div> CORAL POINTE PLAZA INVESTORS, L.C. % M2 REALTY CORP. 1401 BRICKELL AVE., STE. 630 MIAMI FL 33131		1a. Principal Place of Business Address % M2 REALTY CORP. 1401 BRICKELL AVE., STE. 630 MIAMI FL 33131			
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 07/19/1994 3a. State of Formation FL 4. FEI Number 65-0504445 5. Date of Last Report 03/17/1997 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent M2 REALTY CORPORATION, N 1401 BRICKELL AVE. SUITE 630 MIAMI FL 33131			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 400002451604--5 Suite, Apt. #, etc. -03/10/98-01018-007 *****188.75 *****188.75 City FL 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 as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
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, ELIZABETH M	801 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,	24 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 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: Frank Moya, M.D. 		2/24/98		(305) 673-4357	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	