

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 OCT -9 PM 3:56

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company SHOPPES OF CLEMATIS, L.C. P.O. BOX 1347 WEST PALM BEACH FL 33402	DOCUMENT # L94000000386
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1a. Principal Place of Business Address C/O R.B.M. DEVELOPMENT 519 CLEMATIS ST. W. PALM BEACH FL 33401
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business <i>Same</i>	2a. Mailing Address	3. Date Organized or Qualified 08/08/1994	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 100-52-3503	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report 09/16/1996	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent MAYO, RODNEY 518 CLEMATIS ST. W. PALM BEACH FL 33401
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8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____ 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	MAYO, RODNEY	518 CLEMATIS ST.	W PALM BEACH FL

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KWM

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:  9/27/97 5614787578