

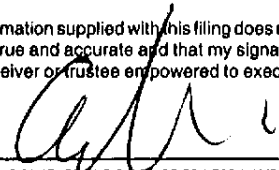


FILE NOW: Fee after May 1, will be \$588.75

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|--|----------------------------------|---|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| FILED 97 APR 21 PM 2: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000399 BAM REALTY ASSOCIATES, L.C. 2300 W OAKLAND PARK BLVD. SUITE 500 FT. LAUDERDALE FL 33311 | | 1a. Principal Place of Business Address 2300 W OAKLAND PARK BLVD. SUITE 500 FT. LAUDERDALE FL 33311 |
| <small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small> | | |
| 2. Principal Place of Business | | 2a. Mailing Address |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| City & State | | City & State |
| Zip | Country | Zip Country |
| 3. Date Organized or Qualified 08/12/1994 | | 3a. State of Formation FL |
| 4. FEI Number 35-9488971 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report 04/29/1996 | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> |
| 7. Name and Address of Current Registered Agent PICCININNI, ALFRED 2300 W. OAKLAND PARK BLVD. SUITE 500 FORT LAUDERDALE FL 33311 | | 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 _____ |
| <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | |
| 10. Title | Managing Members/Managers | Business Street Address |
| MGRM | FITZGERALD, ROBERT | 2300 W OAKLAND PARK BLVD. |
| MGRM | BERCUN, MICHAEL | 2300 W OAKLAND PARK BLVD. |
| MGRM | PICCININNI, ALFRED | 2300 W OAKLAND PARK BLVD. |
| | | FT. LAUDERDALE FL FT. LAUDERDALE FL FT. LAUDERDALE FL |
| | | 300002152333--4 -04/23/97--01092--009 ****203.75 ****203.75 |
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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:  Alfred Piccininni 4/18/97 (954) 486-7300 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small> | | |