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

INHSE10 R(12-96)

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 JAN 30 AM 7: 34 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 1. Name and Mailing Address **DOCUMENT** # L9400000520 of Limited Liability Company CONCOURSE PLAZA IV, LIMITED LIABILITY COMP 1a. Principal Place of Business Address 20355 NE 34TH CT UNITE 1422 20355 NE 34TH CT **UNITE 1422** MIAMI FL 33180 MIAMI FL 33180 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3. Date Organized or Qualified | 3s. State of Formation 2. Principal Place of Business 2a. Mailing Address 10/05/1994 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0567859 5. Date of Last Report 6. Certificate of Status Desired Country Country s8.75 Add bond Fee Regulied 06/20/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent WASERSTEIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 913 NORMANDY DR MIAMI BEACH FL 33141 Sulte, Apt. #, etc. 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) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code D DOUER, ISAAC R 20355 NE 34TH CT UNITE 14 MIAMI FL D BROK, SERGIO 20355 NE 34TH CT UNITE 14 MIAMI FL 500002074295---5 -01/31/97--01001--008 \*\*\*\*203.75 \*\*\*\*203.75 11. I do her by 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 originis annual report is true and accurate and that my signature shall have the same legal effect as if made under earth; that I am a managing member or manager of the limited library or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appearin Block 16, or on an attachment with an address. PRESIDENT - 1/25 IJAAC KOBERSO VOUER SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date

ao 2:30-97