File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE									
	ANNUAL REPORT	Katherine Harris Secretary of State			t);	: " .	•	• • • •	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fe \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SS 11/1 10 1/10: 49			
\$ 188 1. Name									47th 5/12
1. Name and Malling Address of Limited Liability Company DOCUMENT # MYI HOLDINGS, L.C.				π			ace of Business	Address	5/12
1401 BRICKELL AVE SUITE 530 MIAMI FL 33131						1401 BRICKELL AVE SUITE 530 MIAMI FL 33131			
2. Princip	pal Place of Business	ng Address			Date Organiz	red or Qualified	3a. State	of Formation	
Suite, Apt #, etc Suite, Apt			1 # oto			12/02/1994		FL	
Suite, Apt #, etc. Suite, Apt						4. FEI Number Applied For			Applied For
City & State City & St			ate			65-0537896			Not Applicable
Zip Country Zi		Zip	Zip Countr		гу	5. Date of Last	•		ate of Status Desired
	7. Name and Address of Current	Registered	Agent		8. 8	lame and Addres			
9. Pursua its register as register	E 530 I FL 33131 ant to the provisions of Sections 608.416 and office or registered agent, or both, in the red agent, and accept the obligations. RE	State of Flor	rida. Such cha	nge was a	uthorized by affirmati	ive vote of a majori	ty of the member	Zip Code ment for the s. I hereby ai	purpose of changing ecept the appointment
10. Title Managing Members/Managers			Business Street Address			City, State and Zip Code			
мем Г	MARCO, GERALD A	1401 BRICKELL AVE,			SUITE 5	IMAIM	FL		
NEM	YUFE, BORIS	1401 BRICKELL AVE,			SUITE S	IMAIM	FL		
						1 r		[2.7일일]	:F:F:1 :1047018 ****188,75
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. If urther 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.									
SIGN	ATURE: Maldalline And type	Unro 1	Maye M.	de	GUACOI	MARCO G	1/11/99		371-72 00

INHSE10 R (12-98)