		May 1, 1998 or 00.00 LATE FEE		d Liability	Com	pany will be	e. 2	en Service	•	,	
				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED 98 MAY -1 PM 12: 45				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9400000691							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
QUAIL RUN APARTMENTS, L.C. 3038 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306						1a. Principal Place of Business Address 3038 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306					
2. Principal Place of Business 2a.				a. Mailing Address			3. Date Organized or Qualified		3a. State o	3a. State of Formation	
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				2/19/1994		FL	
							4. FEI Number			Applied For	
City & State			City & St	ate			65-0537892 5. Date of Last Report			Not Applicable	
Zip	ip Country		Zip	Zip Cou		ry		\$8.75.4		te of Status Desired	
7. Name and Address of Current F			nt Registered	Registered Agent		J 8. (05/01/1997 8. Name and Address of New Re				
3038 FORT	FEDERAL HIC RDALE FL 33:	s. Fiorida Statute	Street Address (P.C. Sulte, Apl. #, etc.			O. Box Number Is Not Acceptable) 3038-C N Federal Have Zip Code AWDORDING FL 33300 iability company submits this statement for the purp					
	accept the obligations.		ida. Such change was authorized by affirmati			DATE		cept the appointment			
				NGTE Registered Age	IGIT Registered Agent signature required when reinstating Business Street Address			City, State and Zip Code			
		L PROPERTY	·	3038 N		H FEDERAL		FORT I	AUDER	DALE FL 25.41 —— 01004—014 ****188.7	
11. (Ido 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 acceptate 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: MIM S TONY DOWNE CRANTER 4/28/40 954 566 2458											

4/28/40 954 566 245T