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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1997 MAR -3 PM 3: 18 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #**L94000000695 1a. Principal Place of Business Address EMERALD LAKES, L.C. 815 NO. RED ROAD STE. 400 B15 NO. RED ROAD STE. 400 MIAMI FL 33126 MIAMI FL 33126 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2 Principal Place of Business 2/20/1994 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0543184 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip 58-75 Additional Fee Required D5/01/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name SMITH, LESLIE G 815 NO. RED ROAD STE. 400 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33126 Suite, Apt. #, etc. Zip Code City 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 reinstalling) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM ELIZABETH PROPERTIES. 815 NO. RED ROAD STE. 400 MIAMI FL MEM EMERALD LAKES INVEST, 750 W. 16TH AVE., #126U **HIALEAH FL 80000210407**6---5 -03/04/97--01109--006 ****203.75 ****203.75

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 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.

SIGNAT	URE
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SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

LOUIS O. GONZALER President

APPROVED