
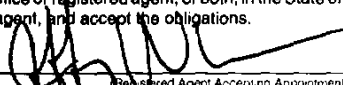

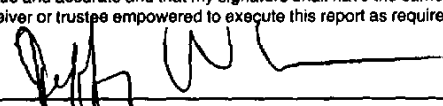


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 # L95000000015 STONEBRIDGE, L.C. 2040 NE 163RD STREET STE. 200 MIAMI FL 33162		FILED 97 JAN 31 AM 10:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 2040 NE 163RD STREET STE. 200 MIAMI FL 33162	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 1990 N.E. 163rd Street Suite, Apt. #, etc. Suite 205 City & State Miami, FL Zip 33162		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA	
3. Date Organized or Qualified 01/09/1995		3a. State of Formation FL	
4. FEI Number 65-0544211		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 02/19/1996		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent MARKS, JEFFREY N 2040 NE 163RD STREET STE. 200 MIAMI FL 33162		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 N.E. 163rd Street - Suite 205 Suite, Apt. #, etc. City Miami Zip Code FL 33162	
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 1/27/97 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MARKS, JEFFREY N	2040 NE 163RD STREET STE. 1990 N.E. 163rd Street	MIAMI FL Miami, FL 700002050697--5 -02/06/97-01122--005 ****203.75 ****203.75 
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. 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:  1/27/97 (305) 940-8652 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			