


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		98100-1 113:56													
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000030 CARROLLWOOD ASSOCIATES, L.C. 1401 BRICKELL AVENUE SUITE 630 MIAM FL 33131				1a. Principal Place of Business Address 1401 BRICKELL AVENUE SUITE 630 MIAM FL 33131													
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 01/03/1995 4. FEI Number 65-0551396 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 03/26/1998 3a. State of Formation FL 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required													
7. Name and Address of Current Registered Agent LEVENSHON, IRA M % M2 REALTY CORPORATION 1401 BRICKELL AVENUE, SUITE 630 MIAMI FL 33131			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code FL														
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)</small>				DATE _____													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>LEWIN, NATHAN</td> <td>% 2 ALHAMBRA PLAZA, STE. 1</td> <td>CORAL GABLES FL</td> </tr> <tr> <td>MGRM</td> <td>GENAUER, MARTIN J</td> <td>% 2 ALHAMBRA PLAZA, STE. 1</td> <td>CORAL GABLES FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	LEWIN, NATHAN	% 2 ALHAMBRA PLAZA, STE. 1	CORAL GABLES FL	MGRM	GENAUER, MARTIN J	% 2 ALHAMBRA PLAZA, STE. 1	CORAL GABLES FL
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				300002799103- - 0 -03/09/99 -01045-013 *****188.75 *****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. 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: <u><i>Mark Herran</i></u> <u>2/22/99</u> <u>305 445 3545</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER</small>																	