File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR 20 PH 12: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETAL FO STATE TALLAHASSEE, FLUNDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9500000071 1a. Principal Place of Business Address BAYSHORE DEVELOPERS II, L.C. 3701 GALT OCEAN DRIVE 3701 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/20/1995 4. FEI Number FLSulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65~0588395 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country SB 75 Additional Fee Required 03/27/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KELLA, RANDALL Street Address (P.O. Box Number is Not Acceptable) 3701 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 Suite, Apt. #, etc. **400002467024**---03/24/98--01093--017 City ****188.75 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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 3701 GALT OCEAN DRIVE MGMR KELLA, RANDALL FT. LAUDERDALE FL

11. I do hereby certify that the information supplied with this filling 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 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

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SIGNATUR

NG MANAGING MEMBER OR MANAGER

Date

Daytime Phone #