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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 DIVISION OF CORPORATIONS 97 MAY 12 AM 8: 13 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 ETARY OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT** # L9500000238 BAY POINT, L.C. %LEN-JAC CORPORATION **%LEN-JAC CORPORATION** 6381 S.W. 87TH TERRACE 6381 S.W. 87TH TERRACE MIAMI FL 33143 MIAMI FL 33143 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2a. Malling Address 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 03/22/1995 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FE Number Applied For City & State City & State 65-0573272 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country S8 /s Additional For Required 03/21/1996 6. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent HINDS, JAMES C 6381 SW 87 TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33143 Suite, Apl. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Fiorida 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. DATE .. SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstaling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR LEN-JAC CORPORATION , 6381 S.W. 87TH TERRACE MIAMI FL 2183987--9/97--01187--005 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 timited by billity company or the receiver or trustee employeered 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:

O TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER