File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.



FILED

| ANNUAL REPORT   |   | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |         |   | SECRETARY OF STATE OF DIVISION OF CORPORATIONS  |                           |                       |                                 |
|---|---|---|---------|---|---|---------------------------|-----------------------|---------------------------------|
| 1998  | On the  |   |         |   | 98 APR  | -9 AM 9                   | 3: 33                 |                                 |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # L95000000238   |   |   |         |   | Hz 41/13  |                           |                       |                                 |
| BAY POINT, L.C.<br>%LEN-JAC CORPORATION<br>6381 S.W. 87TH TERRACE<br>MIAMI FL 33143   |   |   |         |   | 1a. Principal Place of Business Address  %LEN-JAC CORPORATION 6381 S.W. 87TH TERRACE MIAMI FL 33143 |                           |                       |                                 |
| 2. Principal Place of Business 2a. Ma   |   | ling Address  |         |   | 3. Date Organize  |                           | 3a. State             | of Formation                    |
| Suite, Apt. #, etc.   | Suite, Apt.                                     | Suite, Apt. #, etc.   |         |   | 03/22/1995<br>4. FEI Number   |                           | FL                    | Applied For                     |
| City & State  | City & Stat                                     | City & State  |         | 65-057  |   |                           |                       |                                 |
| Zip Country   | Zip   |   | Country |   | 5. Date of Last F   | ·                         |                       | onal Fee Required               |
| 7 Name and Address of Curre   | 7. Name and Address of Current Registered Agent |   |         | 8.  | Name and Address of New Registered Agent/Office   |                           |                       |                                 |
| HINDS, JAMES C<br>6381 SW 87 TERRACE  |   |   | Nan     | Name  |   |                           |                       |                                 |
|   |   |   | Stre    | Street Address (P.O. Box Number is Not Acceptable |   |                           | ole)                  |                                 |
| MIAMI FL 33143  |   | Suite, Apt. #, etc.   |         |   |   |                           |                       |                                 |
|   | City  |   |         | Zip Code  |   |                           |                       |                                 |
| 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  |                           |                       |                                 |
|   |   |   |         | ess Street Address City, State and Zip Code       |   |                           |                       |                                 |
|   |   |   |         | ·   |   |                           |                       |                                 |
| MGR LEN-JAC CORPORATION , 6381 S.W  |   |   | .W. 87  | TH TE   | RRACE   | MIAMI                     | FL                    |                                 |
|   |   |   |         |   |   |                           |                       |                                 |
|   |   |   |         |   | 00  | 0002<br> -04/14<br> ****1 | 468<br>1/980<br>97.50 | 2805<br>11062-020<br>****197.50 |
|   |   |   |         |   |   |                           |                       |                                 |
| <b> ,</b>   |   |   |         |   |   |                           |                       |                                 |
|   |   |   |         |   |   |                           |                       |                                 |
|   |   |   |         |   |   |                           |                       |                                 |

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 hability 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.

4-7-98 (305)669.4717