


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

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 97 MAY 16 AM 9:04 SECRETARY OF STATE TALLAHASSEE FLORIDA | |
| 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 Standing Springs Development LLC 901 Ponce de Leon Blvd #600 Coral Gables FL 33134 | | DOCUMENT # L9500000288 | | | |
| 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 3a. State of Formation 4. FEI Number 65-0643088 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 7. Name and Address of Current Registered Agent KTS Registered Agent Corp 1401 Brickell Ave #700 Miami FL 33131 | | 8. Name and Address of New Registered Agent Name Mike Verdeja Street Address (P.O. Box Number is Not Acceptable) 999 Ponce de Leon Suite, Apt. #, etc. 501 City Coral Gables FL Zip Code 33134 | | | |
| 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | DATE 4/21/97 | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MCA | Florida Real Estate San Art | 901 Ponce de Leon #600 | | Coral Gables FL | |
| | | | | 600002188406--5 -05/22/97--01104--006 ****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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date _____ Daytime Phone # _____ | | | | | |