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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 DIVISION OF CORPORATIONS 97 MAR 27 PM 3: 54 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address
of Limited Liability Company **DOCUMENT** # L9500000384 1a. Principal Place of Business Address BAYSHORE DEVELOPERS V, L.C. 3701 GALT OCEAN DRIVE 3701 GALT OCEAN DRIVE FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 05/18/1995 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0588398 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country sh 7 i Additional Lee Bi quited 04/04/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name KELLA, RANDALL 3701 GALT OCEAN DRIVE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 Sulte, Apt. #, etc. Zip Code 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 reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM KELLA, RANDALL B701 GALT OCEAN DRIVE FT LAUDERDALE FL 300002127203---03/28/97--01088--011 ****203.75 ****203.75 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 truletee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an 3-21-97 954-561-9305 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

INHSE10 R(12-96)