
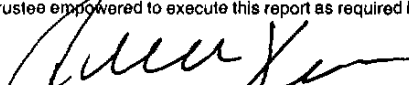


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000384	
BAYSHORE DEVELOPERS V, L.C. 3701 GALT OCEAN DRIVE FT LAUDERDALE FL 33308		1a. Principal Place of Business Address 3701 GALT OCEAN DRIVE FT LAUDERDALE FL 33308	
2. Principal Place of Business		3a. State of Formation	
Suite, Apt. #, etc.		FL	
City & State		3. Date Organized or Qualified	
Zip		05/18/1995	
Country		4. FEI Number	
		65-0588398	
		5. Date of Last Report	
		03/27/1997	
7. Name and Address of Current Registered Agent		6. Certificate of Status Desired	
KELLA, RANDALL 3701 GALT OCEAN DRIVE FT LAUDERDALE FL 33308		8. Name and Address of New Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL	
		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 reinstalling)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KELLA, RANDALL	3701 GALT OCEAN DRIVE	FT LAUDERDALE FL
200002467122-- 2 -03/24/98--01096--014 ****188.75 ****188.75			
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 #			