


2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be
FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 AUG 17 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L95000000392
525 LINCOLN ROAD ASSOCIATES, L.C. % SEMET, LICKSTEIN, MORGENSTERN, BERGER 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134 c/o FOWLER WHITE ETAL	

1a. Principal Place of Business Address
% SEMET, LICKSTEIN, MORGENST 201 ALHAMBRA CIRCLE, SUITE 1 CORAL GABLES FL 33134

2. Principal Place of Business	2a. Mailing Address
525 Lincoln Road Suite, Apt. #, etc. Miami Beach, FL City & State 33129 Zip	c/o Barry N. Semet, Esq. Fowler, White, et al, P.A. Suite, Apt. #, etc. 100 S.E. 2nd St., 17th Fl City & State Miami, FL Zip 33131
Country	Country

3. Date Organized or Qualified	3a. State of Formation
05/22/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
11-3291813	
5. Date of Last Report	6. Certificate of Status Desired
02/24/1997	\$875 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
BERGER, PAUL S ESQ. % SEMET, LICKSTEIN, MORGENSTERN, BER 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134 c/o FOWLER WHITE ETAL 100 S.E. 2nd St. MIAMI, FL 33131

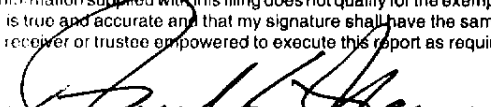
8. Name and Address of New Registered Agent/Office	
Name Paul S. Berger, Esq.	
Street Address (P.O. Box Number is Not Acceptable) Fowler, White, et al, P.A.	
Suite, Apt. #, etc. 100 S.E. 2nd St., 17th Floor	
City Miami	Zip Code FL 33131

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 08/19/98
(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)
200002620212-5
****588.75 ****588.75

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BERGER, PAUL S ESQ	c/o Fowler, White et al 201 ALHAMBRA CIR., SUITE 1	100 S.E. 2nd ST MIAMI, FL 33131
MGRM	SCHWARTZ, JODY	37 HUBBARDT ROAD	WAYNE NJ

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:  7/28/98 305-789-9200