
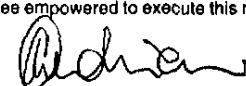


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>'ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>98 APR 15 AM 9:15</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>													
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>																	
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L95000000567															
SILA COMMERCIAL REALTY, L.C. 5757 COLLINS AVE., APT. 1701 MIAMI BEACH FL 33140		1a. Principal Place of Business Address  5757 COLLINS AVE., APT. 1701 MIAMI BEACH FL 33140															
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  07/25/1995 3a. State of Formation  FL 4. FEI Number  65-0598700 5. Date of Last Report  02/03/1997 6. Certificate of Status Desired  \$8.75 Additional Fee Required <input type="checkbox"/>													
7. Name and Address of Current Registered Agent  SILA, CARLOS S 5757 COLLINS AVE., APT. 1701 MIAMI BEACH FL 33140			8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) <b>800002498498-- 3</b> Suite, Apt. #, etc. -04/23/98--01116--011 ****188.75 ****188.75 City <b>FL</b> 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">10. Title</th><th style="width: 30%;">Managing Members/Managers</th><th style="width: 30%;">Business Street Address</th><th style="width: 30%;">City, State and Zip Code</th></tr></thead><tbody><tr><td>MGRM</td><td>SILA, CARLOS S</td><td>5757 COLLINS AVE., APT. 17</td><td>MIAMI BEACH FL</td></tr><tr><td>MGR</td><td>ADRIANI, GRAZIA T</td><td>5757 COLLINS AVE., APT. 17</td><td>MIAMI BEACH FL</td></tr></tbody></table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	SILA, CARLOS S	5757 COLLINS AVE., APT. 17	MIAMI BEACH FL	MGR	ADRIANI, GRAZIA T	5757 COLLINS AVE., APT. 17	MIAMI BEACH FL
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code														
MGRM	SILA, CARLOS S	5757 COLLINS AVE., APT. 17	MIAMI BEACH FL														
MGR	ADRIANI, GRAZIA T	5757 COLLINS AVE., APT. 17	MIAMI BEACH FL														
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.  <b>SIGNATURE:</b>  <b>GRAZIA T. ADRIANI</b> 3/01/98 (305) 861-1413 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>																	