## FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

96 APR 29 AM 10: 53 **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAMASSEE, FLORIDA **FILING FEE** Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee \$ 238.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #19500000608 1a. Principal Place of Business Address LOYOLA DEVELOPMENT LIMITED COMPANY 601 BRICKELL KEY DRIVE 601 BRICKELL KEY DRIVE SUITE E SUITE E MIAMI FL 33131 MIAMI FL 33131 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 08/08/1995 Suite, Apt. #, etc. FLSuite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0600040 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent HABER, ROBERT M 520 BRICKELL KEY DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 0-305 MIAMI FL 33131 <del>90000179953</del> -04/29/96--01096--020 Suite, Apt. #, etc. \*\*\*\*456.25 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) INOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR LLANES, JOSE LUIS 601 BRICKELL KEY DRIVE, SH MIAMT FT. Suite E MGR HABER, ROBERT M. 520 Brickell Key Drive, Suite 0-305 Miami, FL 33131

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), 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 for 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 air attackment with an all dress.

SIGNATURE:

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

ROBERT M. HABER, MANAGER 4/29/96 (305) 374-3840

APPROVED

INHSE10 R(12-95)