

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be disco.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	RIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.00 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 # L95000000608
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LOYOLA DEVELOPMENT LIMITED COMPANY 1001 BRICKELL BAY DRIVE # 1502 MIAMI FL 33131

FILED *W 8/24*
99 AUG 23 PM 12:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1a. Principal Place of Business Address 1001 BRICKELL BAY DRIVE # 1502 MIAMI FL 33131
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2 Principal Place of Business 848 Brickell Avenue Suite, Apt. #, etc. 601 City & State Miami, FL Zip 33131 Country USA	2a. Mailing Address 848 Brickell Avenue Suite, Apt. #, etc. 601 City & State Miami, FL Zip 33131 Country USA	3. Date Organized or Qualified 08/08/1995	3a. State of Formation FL
		4. FEI Number 65-0600040	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 05/01/1998	6. Certificate of Status Desired <input type="checkbox"/> An Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent GARCIA, MARLENE 1001 BRICKELL BAY DRIVE # 1502 MIAMI FL 33131	8. Name and Address of New Registered Agent/Office Name Carola Marlene Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Avenue Suite, Apt. #, etc. 601 City Miami Zip Code FL 33131
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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 *Marlene Garcia* DATE *8/16/99*
(Registered Agent Accepting Appointment) (NOTE: 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 BAY DRIVE 848 Brickell Avenue Suite 601 Miami, FL 33131	MIAMI FL 700002970387--6 -08/26/99--01004--017 ****588.75 ****588.75

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]* *8/16/99 (305) 373-4650*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #