
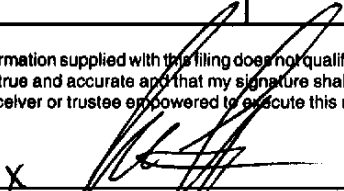


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 FEB 10 AM 9:23  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>HOTEL LEON, L.C. 841 COLLINS AVE MIAMI BEACH FL 33139</b>		<b>DOCUMENT #L95000000711</b>  1a. Principal Place of Business Address  <b>5937 N.E. 6TH AVENUE MIAMI FL 33137</b>  <div style="text-align: right;">mwb</div>			
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/15/1995	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
Country		Country		65-0626859	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				07/22/1996	
				6. Certificate of Status Desired	
				<input type="checkbox"/> <small>See Additional Fee Required</small>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent	
<b>GABRIEL, ERIC 5937 N.E. 6TH AVENUE MIAMI FL 33137</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				Zip Code	
				<b>FL</b>	
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>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	GABRIEL, ERIC	841 COLLINS AVE		MIAMI BEACH FL	
MEM	RAFFELE, LORETTA	841 COLLINS AVE		MIAMI BEACH FL	
<b>400002084904--4</b> <b>-02/12/97--01027--006</b> <b>****203.75 ****203.75</b>					
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: <b>X</b> 		ERIC GABRIEL		2/4/97 (305) 673-3767	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>		<small>Daytime Phone #</small>	