

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000711

HOTEL LEON, L.C.
841 COLLINS AVE
MIAMI BEACH FL 33139

1a. Principal Place of Business Address

5937 N.E. 6TH AVENUE
MIAMI FL 33137

2. Principal Place of Business SAME		2a. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 09/15/1995	3a. State of Formation FL
4. FEI Number 65-0626859	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 02/10/1997	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

GABRIEL, ERIC
5937 N.E. 6TH AVENUE
MIAMI FL 33137

8. Name and Address of New Registered Agent/Office

Name ERIC GABRIEL
Street Address (P.O. Box Number is Not Acceptable) 8301 NE 10TH AVE
Suite, Apt. #, etc. 1
City MIAMI
Zip Code FL 33138

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) (NOTE: Registered Agent Signature required when reinstating) DATE _____

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

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****188.75 ****188.75

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: Eric Gabriel **Eric Gabriel** 2/24/98 6733767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date DayTime Phone #