


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 FEB 12 AM 11:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L95000000767

VENETIA CENTER, L.C.
 555 N.E. 15TH STREET
 SUITE 100
 MIAMI FL 33132

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

555 N.E. 15TH STREET
 SUITE 100
 MIAMI FL 33132

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/05/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For
Zip		Zip		65-0613325	<input type="checkbox"/> Not Applicable
Country		Country		5. Date of Last Report	8. Certificate of Status Desired
				03/12/1996	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent

ZARETSKY, LOUIS D
 555 N.E. 15TH STREET
 SUITE 100
 MIAMI FL 33132

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL


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 _____ (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	RITTER, JOHN A	555 N.E. 15TH STREET, SUIT	MIAMI FL
MGRM	ZARETSKY, LOUIS D	555 N.E. 15TH STREET, SUIT	MIAMI FL

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 *****203.75 *****203.75



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: 
Date 2/7/97
Daytime Phone # 305-372-0933

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