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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 97 MAY -6 AM 10: 03 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT** #<sub>1.9500000837</sub> 1s. Principal Place of Business Address LEE'S CROSSING-DELRAY BEACH GP, L.C. 7575 DR. PHILLIPS BLVD. 7575 DR. PHILLIPS BLVD. SUITE 230 SUITE 230 ORLANDO FL 32819 ORLANDO FL 32819 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2s. 2 Principal Place of Business 2s. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 0/31/1995 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 95-4550964 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country 88.75 Additional Fee Required 06/05/1996 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLEHASSEE FL 32301 Zip Code 328 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, of 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 obligation SIGNATURE pointment) (NOTE: Registered Agent signature required when reinstating) Managing Members/Manager **Business Street Address** City, State and Zip Code 10. Title HEARTHSTONE ADVISORS. MGR 6830 VENTURA BLVD., SUITE ENCINO CA 90**0002178489--**-05/14/97--01094--003 \*\*\*\*203.75 **\*\*\*\*203.**75 HEARTHSTONE 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 liquility 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

## 1997 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Lees Crossing - Delray Beach GP L.C., a Florida limited liability company

By: Hearthstone Advisors, Inc.

a California Corporation

Manager

By:

Mark Porath

Senior Vice President Finance

4/29/97

Phone = (818)

385 -0005