


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company GAMI CYPRESS CREEK, LLC 22 BRENT ROAD LEXINGTON MA 02173	DOCUMENT # L95000000841
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 4900 Powerline Road	2a. Mailing Address Same as #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Fort Lauderdale, FL	City & State
Zip 33309	Country USA

1a. Principal Place of Business Address 22 BRENT ROAD LEXINGTON MA 02173
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3. Date Organized or Qualified 11/02/1995	3a. State of Formation FL
4. FEI Number 65-0628186	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 09/18/1996	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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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
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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 _____ (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	GAMI PROPERTIES FLORID	22 BRENT ROAD	LEXINGTON MA P95-83265 400002305344--C -09/26/97--01112--016 ****58.75 ****58.75

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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: *Adinesh Patel* 9/11/97

FILED
97 SEP 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA