


**Filing on or before May 1, 1999 of Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L95000000842</b>			
1. Name and Mailing Address of Limited Liability Company  <b>GAMI GOLDEN GLADES, LLC 148 NW 167TH ST. N. MIAMI BEACH FL 33169</b>		1a. Principal Place of Business Address  <b>148 NW 167TH ST. N. MIAMI BEACH FL 33169</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country	3. Date Organized or Qualified  <b>11/02/1995</b>	3a. State of Formation  <b>FL</b>
		4. FEI Number  <b>65-0621883</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report  <b>07/27/1998</b>	6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>
7. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) <b>300002868523--5</b> Suite, Apt. #, etc. <b>-05/07/98 --01135--013</b> <b>****188.75 ****188.75</b> City <b>FL</b> 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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GAMI PROPERTIES FLORID	22 BRENT ROAD	LEXINGTON MA
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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			