



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

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|--|--|--|--|--|--|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1997   |  | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  | FILED<br>97 MAR 10 AM 8:25<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| FILING FEE<br>\$ 203.75  |  | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee<br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE   |  |  |  |
| 1. Name and Mailing Address<br>of Limited Liability Company  |  | DOCUMENT # L95000000915  |  |  |  |
| REGAL POINTE, L.C.<br>9200 SOUTH DADELAND BLVD.<br>SUITE 500<br>MIAMI FL 33156   |  | 1a. Principal Place of Business Address<br><br>9200 SOUTH DADELAND BLVD.<br>SUITE 500<br>MIAMI FL 33156  |  |  |  |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.   |  |  |  |  |  |
| 2. Principal Place of Business   |  | 2a. Mailing Address  |  | 3. Date Organized or Qualified   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  | 11/28/1995   |  |
| City & State   |  | City & State   |  | 4. FEI Number  |  |
| Zip  |  | Zip  |  | 65-0621249   |  |
| Country  |  | Country  |  | 5. Date of Last Report   |  |
|  |  |  |  | 05/01/1996   |  |
| 7. Name and Address of Current Registered Agent  |  | 6. Name and Address of New Registered Agent  |  |  |  |
| KEY CORPORATE SERVICES, INC.<br>200 SOUTH BISCAYNE BLVD.<br>20TH FLOOR<br>MIAMI FL 33131   |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>Suite, Apt. #, etc.<br><br>City<br><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 _____   |  |
| (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)  |  |  |  |  |  |
| 10. Title  |  | Managing Members/Managers  |  | Business Street Address  |  |
| MGRM EQUITY CAPITAL HOLDING  |  | 9200 SOUTH DADELAND BLVD.,   |  | MIAMI FL 33156   |  |
| <del>MGRM CAPITAL HOLDING LLC</del>  |  | <del>85 BUCKINGHAM STREET</del>  |  | <del>HARTFORD CT</del>   |  |
| 100002110601--7<br>-03/11/97--01126--011<br>****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:  Robert Spielman 2/3/97 205-670-9700   |  |  |  |  |  |
| SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #   |  |  |  |  |  |