
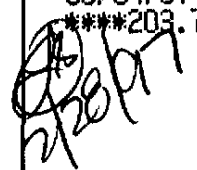
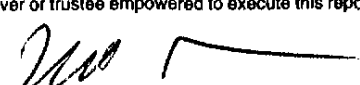


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
<div style="display: flex; justify-content: space-between;"><div>1. Name and Mailing Address of Limited Liability Company IDEN FAMILY REALTY NO. 1, L.C. 7519 LA PAZ BLVD., APT. 307C BOCA RATON FL 33433</div><div>DOCUMENT # L95000000962</div></div>		
<div style="display: flex; justify-content: space-between;"><div>2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country</div><div>2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country</div><div>3. Date Organized or Qualified 12/12/1995 4. FEI Number 65-0465396 APPLIED FOR 5. Date of Last Report 03/11/1996</div><div>3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired SH To Additional Fee Required <input type="checkbox"/></div></div>		
7. Name and Address of Current Registered Agent BROOKE, PETER M 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL</div>
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 signature required when reappointing)</small>		
10. Title	Managing Members/Managers	Business Street Address
MGRM	IDEN, MITCHELL S	7519 LA PAZ BLVD., APT. 30 BOCA RATON FL
<div>300002103243--5 -03/04/97--01025--009 ****203.75 ****203.75 </div>		
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.		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</div><div>2/12/97 Date</div><div>212-302-2900 Daytime Phone #</div></div>		