2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** FILE()
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 III 29 AMII: 07

FILING \$ 588							JO SOL 25 ATTIVOT				
1. Narue and Mailing Address of Londed Liability Company DOCUMENT # L95000000975											
EXTON PLAZA GP, L.L.C. 293 WYCHMERE TERRACE WEST PALM BEACH FL 33414							1a. Principal Place of Business Address 293 WYCHMERE TERRACE WEST PALM BEACH FL 33414				
2 Principal Place of Business 28				2a. Mailing Address			3. Date Organiz	ed or Qualified	3a. Sta	at e of Formati	ion
Suite, Apt. #. e1c			Suite, Apt. #, etc.			12/19/1 4. FEI Number	FL	FL Applied For			
City & State			City & State			65-0675624			Not	Applicable	
Z _i p	-	Country	Zip		Count	ry	5. Date of Last		\$8.75 Additional Fe		
	7 Nam	e and Address of Current	Benistered Benistered	Agent	J		03/14/1		10000		
				Agon		8. Name and Address of New Registered Agent/Office Name					•
WHYMAN, ROGER 293 WYCHMERE TERRACE				Street Address (P.O. Box N			.O. Box Number i	ber is Not Acceptable)			
WEST PALM REACH FI 33414				Suite, Apt. #, etc.							
				City			FL Zip Corte				
its registe:	red office or re	isions of Sections 608.416 a gistered agent, or both, in the d accept the obligations.	nd 608.508, State of Floi	, Florida Statute rida. Such chang	s, the alge was a	bove-named limited authorized by affirmal	liability company s tive vote of a majorit	ubmits this state ty of the member	ment for t s. I hereby	the purpose of accept the a	of changing ppointment
SIGNATUHI							DATE				
10. Tille	Ма	Managing Membors/Managers			Business Street Address			City, State and Zlp Code			
MGRM	MHYMAN, ROGER			293 WYCHMERE TERRAC			CE	WEST P	ALM	BEACH	FL
MGRM	M FLOTTERON, JOSEPH A			293 WYCHMERE TERRACE			CE	WEST P	ALM	BEACH	FL
							80	10002 -08/0 ****\$	1 6 1 1 7/98– 388, 75	0 9 88 -01089- 5 ****	36 -010 588.75
6	,		i								

11. Ido bere by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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 bability 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 annual report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an annual report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an annual report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an annual report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an annual report is true and accurate and that my name appears in Block 10, or on an annual report is true and accurate and that my name appears in Block 10, or on an annual report is true and accurate and that my name appears in Block 10, or on an annual report is true and accurate and that my name appears in Block 10, or on an annual report is true and accurate and that my name appears in Block 10, or on an annual report is true and accurate attachment with an adoress

SIGNATURE:

Roger A. Whyman Managing Member