

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
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FILED
97 FEB 10 AM 9:25

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000978

ROYAL APARTMENTS HOLDINGS, L.C.
11767 S DIXIE HWY
SUITE 106
MIAMI FL 33156

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
11767 S DIXIE HWY
SUITE 106
MIAMI FL 33156 *MWB*

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/20/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		65-0627429	
Zip		Country		5. Date of Last Report	6. Certificate of Status Desired
				04/29/1996	<input type="checkbox"/> <small>SR - Additional Fee Required</small>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
SKINNER, TRACEY A 4675 POINCE DE LEON BLVD SUITE 305 CORAL GABLES FL 33146		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		Zip Code	
		FL	

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	City, State and Zip Code
MGRM	CAMPANO, GASTON	11767 S DIXIE HWY, SUITE 1	MIAMI FL
MGRM	COMPANO, GASTON V	3900 N.W. 79 AVENUE, SUITE	MIAMI FL
MGRM	HERNANDEZ, EDMUNDO	3900 N.W. 79 AVENUE, SUITE	MIAMI FL

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****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) (l), 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: *[Signature]* EDMUNDO HERNANDEZ 02/03/97 (305)6400604
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #