File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED MABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of St. o DIVISION OF OURPORATIONS 1999 99 APR -1 AM 8: 29 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 195000000978** 1a. Principal Place of Business Address ROYAL APARTMENTS HOLDINGS, L.C. 443 N. MAIN STREET #10 443 N. MAIN STREET #10 HENDERSONVILLE NC 28792 HENDERSONVILLE NC 28792 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/20/1995 FLSuite Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0627429 Not Applicable 5. Date of Last Report 5. Certificate of Status Desired Comity Country \$8.75 Additional Fee Required 03/11/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent SKINNER, TRACEY A SCISTON Campano 4675 POINCE DE LEON BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 305 2594 W. CORAL GABLES FI 33146 Suite, Apt #, etc 200000 3-3016570 Hialeah 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. Thereby accept the appointment as registered agent 3/2/99 SIGNATURE 10. Title **Business Street Address** City. State and Zip Code Managing Members/Managers 11767 S DIXIE HWY, SUITE-1 410 **MGRM** CAMPANO, GASTON MIAMI-FL Hencle exmuille, NC 3900 N.W. 79 AVENUE, SUITE **MGRM** CAMPANO, GASTON V thateut, FL 25414 W 84 ST 3900 N.W. 79 AVENUE, SUITE MGRM HERNANDEZ, EDMUNDO MIAMI FL kndersonville, Ne_ 443 N Main Street 410 **600002838936---**-04/14/99--01005--024 ****188.75 ****188.75 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 trusted 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:

INHSE10 R (12-98)