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 FILED **DIVISION OF CORPORATIONS** 97 MAY -6 AM 10: 01 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #L95000001001 TALLAHASSEE, FLORIDA GRAND ISLE-CORAL SPRINGS GP, L.C. 7575 DR. PHILLIPS BLVD 7575 DR. PHILLIPS BLVD SUITE 230 SUITE 230 ORLANDO FL 32819 DRLANDO FL 32819 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2/28/1995 Suite, Apf. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 95-4556880 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country 8.75 Additional Fee Respond D6/05/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Phillips Blud Zip Code 32819 9. Pursuant to the provisions of Sections 608 16 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 (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR HEARTHSTONE ADVISORS, 16830 VENTURA BLVD., SUITE #NCINO CA 30**0002178493---6** -05/14/97--01094--005 ****203.75 ****203.75 HEARTHSTONE Postivad JAN 27 199

11. I do hereby certify that the information supplied with this filling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #

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1997 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Grand Isle - Coral Springs GP L.C., a Florida limited liability company

By: Hearthstone Advisors, Inc.

a California Corporation Manager

By:

Mark Porath

Senior Vice President Finance

4/30/97

Thomas:

(818)

385-0005