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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Ann	ual Report \$10
1997	6

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75

Name and Mailing Address of Limited Liability Company

DOCUMENT #L9600000013

GARDEN STREET ASSOCIATES, L.C.

1a. Principal Place of Business Address

APPROVED

1997 MAR -3 PM 3: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUITE 617 - MIAMI FL 33156 -	SUITE 617 - MIAMI FL 33156	TBLVD.
tt above mailing address is incorrect in any way, line through incorrect information and enter correct Principal Place of Business GEHSW70HLage FEank E. M. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State S. Miami, FL Signami, FL Country Countr	3. Date Organized or Qualified 3a. Statement of Statement	Applied For Not Applicable
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered	Agent
REEN, JERRY 200 SOUTH DADELAND BIVD. UITE 617 - UINH FL 33156-	Name Frank E. Miller Street Address (P.O. Box Number is Not Acceptable) Gle HI S W 70 th I Sulte, Apt. #, etc.	ane

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 Y nont) (NOTE: Registered Agent signature required when reinstating)

Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title 66#1 S.W. 70TH LANE MILLER, FRANK 🗲 🕻 MGRM MIAMI FL 6641 S.W. 70TH LANE MEM MILLER, CHARLOTTE M. MIAMI FL MCRM LUCIDO, CHARLES A 9301 MOSS HAVEN DRIVE DALLAS TX MEM EUCIDO, CORRINE B

\$301 MOSS HAVEN DRIVE

DALLAS TX

Zip Code

100002104011 -03/04/97--01096 ****212.50

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.

SIGN	ATU	IRE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER