

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

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 DEC -9 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000019

AVENTURA HOTEL, L.C.
1100 LINTON BOULEVARD
SUITE C-9
DELRAY BEACH FL 33444

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

1100 LINTON BOULEVARD
SUITE C-9
DELRAY BEACH FL 33444

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 4727	
City & State		City & State Portsmouth NH	
Zip	Country	Zip	Country
		03802	

3. Date Organized or Qualified	3a. State of Formation
01/08/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	100002973691--0
Suite, Apt. #, etc.	-12/16/97--01030--002
City	***703.75 ***703.75
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 Vicky Goldstein (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required with this filing)
VICKY GOLDSTEIN SECRETARY DATE 12/9/97

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WALSH, MICHAEL	1100 LINTON BOULEVARD, SUI	DELRAY BEACH FL
MGR	WALSH, MARK	1100 LINTON BOULEVARD, SUI	DELRAY BEACH FL

REINSTATEMENT 97 dec

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), 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: Michael Walsh
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date: Daytime Phone #