

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

FILED

L96000000053		97 SEP 19 PM 3:06 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	
1. Name and Mailing Address of Limited Liability Company LES HALLES MIAMI, L.C. 231 PEACHTREE STREET SUITE A-05 ATLANTA GA 30303		DOCUMENT # L96000000053 97-AR 1a. Principal Place of Business Address 231 PEACHTREE STREET SUITE A-05 ATLANTA GA 30303	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 2415 Ponce de Leon Blvd Suite, Apt. #, etc.		2a. Mailing Address 2415 Ponce de Leon Blvd Suite, Apt. #, etc.	
City & State Coral Gables, FL Zip 33134 Country U.S.A.		City & State Coral Gables, FL Zip 33134 Country U.S.A.	
3. Date Organized or Qualified 01/16/1996		3a. State of Formation FL	
4. FEI Number 65-0638007		<input type="checkbox"/> Applied For <input 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) Suite, Apt. #, etc. City 100002301141--3 -09/23/97--01073--002 ****588.75 ****588.75 FL Zip Code	
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LAJAUNIE, PHILIPPE	231 PEACHTREE STREET, SUIT	ATLANTA GA
MGRM	DE MEIRELLES, JOSE	231 PEACHTREE STREET, SUIT	ATLANTA GA

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. 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: JOSE Meirelles
Managing Member 9/15/97 212/253-6933