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

ANNU	BILITY COMPANY AL REPORT 997	DIVISI	ndra B. Me Secretary of ON OF OOR	State PORATIONS	FILED  97 MAR 27 PM 3: 21  SECRETARY OF STATE  1a. Principal Place of Business Address			
\$ 203.75	3.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					SECRETARY OF 3: 21		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9600000080					LEAHASSEE ESTATE			
COCONUT CREEK ASSOCIATES II, L.C. 100 N BISCAYNE BLVD 30TH FLOOR MIAMI FL 33132					100 N BISCAYNE BLVD 30TH FLOOMIAMI FL 33132			
If above mailing address is incorrect in any way, line through Incorrect  2 Principal Place of Business  2a. Malli			t Information and enter correction in Block 2a ing Address		3. Date Organize	ed or Qualified	3a. State of Formation	
Suite, Apt #, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			96	FL Applied For		
City & State		City & State			65-0634950 · Not Applicable			
7		Zip Country		irv	5. Date of Last Report		6. Certificate of Status Desired	
Zip	Country	Σίμ	Codin		]		S8 79 Additional Fee Regained	
7.	Name and Address of Curren	t Registered Agent		Name	8. Name and Add	ress of New Ro	egistered Agent	
100 N BISCAYNE BLVD 30TH FLOOR MIAMI FL 3313?				Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, etc.  City  Zip Code  TL  Date to prove the purpose of changing				
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  DATE  DATE								
10. Title Managing Members/Managers			NOTE Registered Agent signature required when reinstating)  Business Street Address			City, State and Zip Code		
10. 11							<u> </u>	
MGRS LAU	MGRS LAUENSTEIN, GUNTER 100 N BI				D 30TH F	MIAMI I	FL	
MGRG MOL	LER HORST	4.00	OO HERISCAYNE BLVD 30TH F MIAMI FL					
					00	9 <b>99</b> 5 -03/28 ****2	1272(10( }/97-01085-011 !03.75 ****203.75	
						·		
indicated on this a	nnual report is true and accurate pany or the receiver or trustee en address.	and that my signature	shall have the	same legal effect a	as if made under oath	n: that I am a ma	. If urther certify that the information anaging member or manager of the name appears in Block 10, or on an	
<u> </u>		PED OR PRINTED NAME OF S	SIGNING MANAGINO	MEMBER OR MANAGER	1	Date	Daytime Phone #	