File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 98 MAR | | AND 26 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9600000080 COCONUT CREEK ASSOCIATES II, L.C. 100 N BISCAYNE BLVD 30TH FLOOR 100 N BISCAYNE BLVD 30TH FLO MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/17/1996 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0634950 Not Applicable 5. Date of Last Report 8. Certificate of Status Desired Zip Country Country \$8.75 Additional Lee Required 03/27/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name HEYDASCH, AXEL 100 N BISCAYNE BLVD 30TH FLOOR Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33132 Suite, Apt. #, etc. City 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 DATE (Rogistered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRS LAUENSTEIN, GUNTER 100 N BISCAYNE BLVD 30TH F MIAMI FL MGRS MOLLER, HORST 100 N BISCAYNE BLVD 30TH F MIAMI FL 300002456003--6 -03/12/98--01113--024 ****168.75 ****188.75

11. Ido Hareby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (I), Florida Statutes. If urther 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:

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