
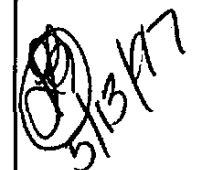
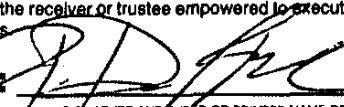


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company RDP SHORECREST HOTEL LIMITED COMPANY C/O MARTIN FINE 701 BRICKELL AVE., SUITE 3100 MIAMI FL 33131		DOCUMENT #L96000000195 1a. Principal Place of Business Address C/O MARTIN FINE 701 BRICKELL AVE., SUITE 3100 MIAMI FL 33131	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 701 Brickell Avenue Suite, Apt. #, etc. Suite 2040 City & State Miami, FL Zip 33131		2a. Mailing Address 701 Brickell Avenue Suite, Apt. #, etc. Suite 3000 City & State Miami, FL Zip 33131	
3. Date Organized or Qualified 02/20/1996		3a. State of Formation FL	
4. FEI Number 65-0713656		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required	
7. Name and Address of Current Registered Agent FINE, MARTIN 701 BRICKELL AVENUE SUITE 3100 MIAMI FL 33131		8. Name and Address of New Registered Agent Name Intrastate Registered Agent Corporation Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite, Apt. #, etc. Suite 3000 City Miami Zip Code FL 33131	
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. Intrastate Registered Agent Corporation SIGNATURE By: <u>Steven H. Hagen, Vice President</u> DATE _____			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PEEBLES, R. DONAHUE	607 FOURTEENTH STREET, N.W. 2600 VIRGINIA AVE, N.W. SUITE 606	WASHINGTON DC, 20037 200002178512--4 -05/14/97--01094--011 ****203.75 ****203.75 
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date <u>4-29-97</u> Daytime Phone # _____			