


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 29 PM 4:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000195			
RDP SHORECREST HOTEL LIMITED COMPANY 701 BRICKELL AVENUE 100 SE SECOND ST #4050 SUITE 2000 MIAMI FL 33131		1a. Principal Place of Business Address 701 BRICKELL AVENUE SUITE 2040 MIAMI FL 33131			
2. Principal Place of Business 100 SE SECOND ST Suite, Apt. #, etc. #4050 City & State MIAMI, FL Zip FL		2a. Mailing Address 100 SE SECOND ST Suite, Apt. #, etc. #4050 City & State MIAMI, FL Zip 33131 Country USA		3. Date Organized or Qualified 02/20/1996 4. FEI Number 65-0713656 5. Date of Last Report 05/06/1997	
		3a. State of Formation FL		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent INTRASTATE REGISTERE, D AGENT CORP 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 400002516434- - 0 Suite, Apt. #, etc. -05/08/98--01004--015 ***188.75 ***188.75 City 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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	PEEBLES, R. DONAHUE	2600 VIRGINIA AVENUE, N.W. #606		WASHINGTON DC 20037 OK 4-29	

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. 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

Daytime Phone #

4-22-98