File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT FILED Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR 15 AM 10: 42 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGNETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L96000000233 1a. Principal Place of Business Address SOUTH POINT PROPERTIES LIMITED COMPANY 2963 SW 22ND TERRACE 2963 SW 22ND TERRACE MIAMI FL 33145 MIAMI FL 33145 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/26/1996 FT. Suite, Apt #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0648254 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zio Country Country \$8.75 Additional Fee Required 04/20/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office PAUCAR, CARLOS 2963 SW 22ND TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33145 Suite, Apt #, etc City Zin 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE ___ _ (Registered Agent Accepting Appointment). (NOTE Registered Agent signaturing and which is relative). 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR PAUCAR, CARLOS 2963 SW 22ND TERRACE MIAMI FL MGR PAUCAR, MANUEL 2963 SW 22ND TERRACE MIAMI FL

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 belief 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 of trustee employees in Block 10, or on an

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attachment with an address.

SIGNATURE: