


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

APPROVED
AND
FILED

1997 FEB 13 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY • ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000000344
AMERICA'S SMR 220 HOLDINGS VI, LLC 3852 BLACK FOREST CIR BOYNTON BEACH FL 33436	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	

1a. Principal Place of Business Address
3852 BLACK FOREST CIR BOYNTON BEACH FL 33436

2. Principal Place of Business	2a. Mailing Address
1300 PARK OF COMMERCE BLVD Suite, Apt. #, etc. <u>255</u> City & State <u>DELRAY BEACH, FL</u> Zip <u>33445</u> Country <u>FLORIDA</u>	1300 PARK OF COMMERCE BLVD Suite, Apt. #, etc. <u>255</u> City & State <u>DELRAY BEACH, FL</u> Zip <u>33445</u> Country <u>FLORIDA</u>

3. Date Organized or Qualified	3a. State of Formation
03/21/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0655069	
5. Date of Last Report	6. Certificate of Status Desired
	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent
THE LAW PRACTICE OF J.B. GROSSMAN, P. 2300 E LAS OLAS BLVD FOURTH FLOOR FT LAUDERDALE FL 33301

8. Name and Address of New Registered Agent
Name <u>DENNIS LENTIN</u> Street Address (P.O. Box Number Is Not Acceptable) <u>1300 PARK OF COMMERCE BLVD</u> Suite, Apt. #, etc. <u>SUITE 255</u> City <u>DELRAY BEACH</u> FL Zip Code <u>33445</u>

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 <u>[Signature]</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)	DATE <u>02/10/97</u>

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	LENTIN, DENNIS	3852 BLACK FOREST CIR 1300 PARK OF COMMERCE BLVD # 255	BOYNTON BEACH FL 33445 DELRAY BEACH
MEM	D & J CONSULTANTS, INC	3852 BLACK FOREST CIR <u>1300 PARK OF COMMERCE BLVD.</u> <u># 255</u>	BOYNTON BEACH FL 33445 <u>DELRAY BEACH</u>
		300002088653--4 -02/17/97--01012--006 ****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) (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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER	Date <u>02/10/97</u> 561-278-2211 Daytime Phone #