

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT -9 PM 2:02

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 \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000367

3650 INVESTMENT COMPANY, L.C.
200 S BISCAYNE BLVD
SUITE #1050
MIAMI FL 33131

1a. Principal Place of Business Address

200 S BISCAYNE BLVD
SUITE #1050
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	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Organized or Qualified 03/29/1996	3a. State of Formation FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$6.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

BENNETT, JOSH N
SUITE 1050 FIRST UNION FINANCIAL CEN
200 S BISCAYNE BLVD
MIAMI FL 33131

8. Name and Address of New Registered Agent

Name
Lawrence M. Schantz

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

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 *[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	SCHANTZ, LARRY M	200 S BISCAYNE BLVD	MIAMI FL

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****ERR.75 ****\$88.75

KWM

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]* 10/3/97 (305) 371-3100

SIGNATURE AND TYPE (PRINT) OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #