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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 -98 APR 29 AM 11: 30 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L96000000382 1a. Principal Place of Business Address UNIVERSITY COUNTRY CLUB, L.C. 9400 S.W. 130TH AVENUE 9400 S.W. 130TH AVENUE MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 04/03/1996 FLSulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0663470 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country S8.75 Additional Fee Bequired 05/09/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office HALL, JAMES W % 9400 S.W. 130TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 Suite, Apt. #, etc. -05/06/98--01097 \*\*\*1127.50 \*\*\*\*188.75 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 appointmen as registered agent, and accept the obligations. SIGNATURE. (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 9400 E.W. 130 LAVE 70MLFY, INC 14048 3.W. BORD PLACE 9400 5W 130 A MGRM VIAGGIO, PAUL MIAMI FL 33186 CALUS ENC MIAMI FL 33186 MGRM HALL, JAMESD W 43<del>00 SOUTH US HWY #203-30</del>8

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:

URE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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