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

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!	TY COMPANY REPORT	CORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State							
1997 DIVISION OF CORPORATIONS							FILED		
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							97 MAR 24 PM 4: 26		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9600000404							SECRETARY OF STATE 1a. Principal Place Li Bulling SEG EL ORIDA		
LAGO PROPERTIES, L.C.							1a. Principal Place bi Bosines Adams S. URIDA		
% CANTOR & MORENTE, P. A. 777 BRICKELL AVE. SUITE 500							8 CANTOR & MORENTE, F.A. 177 BRICKELL AVE. SUITE 500		
MIAMI FL 33131							MIAMI FL		E. SULTE 500
If above		information and enter correction in Block 2a.			3. Date Organiz	ed or Qualified	3a. State of Formation		
1				c/o Steven L. Cantor, P.A.					FL
Suite, Ap	t. #, etc.	Sulte, Apt. #, etc.			4. FEI Number		Applied For		
City & State			City & State			65-0666168 Not Applicable			
7:0		To-veter	2		10-		5. Date of Last I		6. Certificate of Status Desired
Zip		Country	<i>7</i> ιρ		Coun	ıry			\$8.75 Additional Fee Required
7. Name and Address of Current Registered Age							8. Name and Add	Iress of New R	egistered Agent
CANTO	VEN L			Name	Name				
777 B	L AVENUE			Street Address (P.O. Box Number Is Not Acceptable)			ble)		
SULTE MIAME	500 FL 33:	1.31	Suite, Apt. #, etc.						
		Suile, Apr. #, etc.							
			·			Zip Code			
0 Puro	ant to the provi	inions of Speciens SOO 415 o	ad EAD EAD	Florida Ptatuta	a tha a	FL			
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 (Registered Agent Accepting Appointment) (NOT): Registered Agent					nt signatu	re required when reinstatin	g)	т	
10. Title	10. Title Managing Mombers/Managers			Business Street Address				City	/, State and Zip Code
MGR	AUBRY,	DANIEL	365 FIRST AVENUE			VENUE	1	NEW YOR	K NY
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11. Ido 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 trustes empowered to execute this poort as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an									
	nt with an addr		-/			<	-		
SIGN	IATUR		1.0			Daniel Aub	ry	3-19-97	305-374-3886
	D(10,00)	SIGNATURE AND TYPLE	OFFRINTED	VAME OF SIGNING M	ANAGING	MEMBER OR MANAGER	/	Date	Daylime Phone #