

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

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAY -2 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE**  
\$ 203.75  
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT #L96000000601**

FLORIDA REAL PROPERTY DEVELOPMENT, L.C.  
5324 NW 57TH WAY  
CORAL SPRINGS FL 33067

1a. Principal Place of Business Address

5324 NW 57TH WAY  
CORAL SPRINGS FL 33067

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		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/03/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		65-0669375	
				5. Date of Last Report	6. Certificate of Status Desired Sb 2c Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent

JABLON, IRVING  
5324 NW 57TH WAY  
CORAL SPRINGS FL 33067

8. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
400002173644--8	
Suite, Apt. #, etc.	
05/09/97 01118 0114 ***212.50 ***212.50	
City	Zip Code
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 \_\_\_\_\_ 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
MEM	O.T.B.		
MGRM	O.T.B. LIMITED PARTN,	940 SWEETWATER LANE STES 2	BOCA RATON FL
MGRM	JABLON, IRVING	5324 NW 57TH WAY	CORAL SPRINGS FL

JB5-7-97

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date 4-29-97 Daytime Phone #