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 DIVISION OF CORPORATIONS 98 MAY -4 PM 1: 30 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malting Address of Limited Liability Company DOCUMENT # L9600000601 **DOCUMENT #** L9600000601 1a. Principal Place of Business Address FLORIDA REAL PROPERTY DEVELOPMENT, L.C. 5324 NW 57TH WAY 5324 NW 57TH WAY CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 06/03/1996 FL Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0669375 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fee Bequired 05/02/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name JABLON, IRVING Street Address (P.O. Box Number is Not Acceptable) 5324 NW 57TH WAY CORAL SPRINGS FL 33067 Suite, Apt. #, etc. City 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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MEM O.T.B. LIMITED PARTN, 940 SWEETWATER LANE STES 2 BOCA RATON FL MGRM JABLON, IRVING 5324 NW 57TH WAY CORAL SPRINGS FL 800002514848--S -05/07/98--01016--019 ****197.50 ****197.50

11. I do hereby certify that the information supplied with this filling 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:

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

Date

Daylime Phone #