<del>File o</del> n or subject to	before May 1, 1999 o a \$ 400.00 LATE FE	or Limited	i Liability Com	pany will b	e			•										
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State  DIVISION OF COMPORATIONS  FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					FALED													
									of Limited Liability Company						1a. Principal Place of Business Address			
									GOLDEN GATE HOMES, L.C. 7270 NW 12TH STREET PH-I MIAMI FL 33126					7270 NW 12TH STREET PH-I MIAMI FL 33126				
2 Principal Place of Business 2a. Ma			iling Address		3. Date Organized or Qualified 06/12/1996		3a. State of Formation											
Suite, Apt. #,	etc.	Suite, Ar	Suite, Apt. #, etc.			4. FEI Number Applied For												
City & State		City & St	City & State		65-0690442		□ No	t Applicable										
Zip	Country	Zip	Coun	try	5. Date of Last F	•	6. Certificate of States 88 75 Additional Fee F											
	7. Name and Address of Curr	ent Registered	Agent	8. Name	Name and Address	s of New Regis	tered Agent/Office											
its registered	to the provisions of Sections 608.4 office or registered agent, or both, i agent, and accept the obligations	n the State of Flo	a, Florida Statutes, the a orida. Such change was a	City  above-named limite authorized by affirm	d liability company si ative vote of a majorit	pubmits this state y of the member	Zip Code ement for the purpose is Thereby accept the a	of changing appointment										
SIGNATURE	(Registered Agent Accep	ding Appa (Intent) (	NOTE Begisters (Agents grade	in required when remaining	[	DATE												
10. Title Managing Members/Managers			Busin		City, State and Zip Code													
MGRM I	PUPPIO, NIEVES		7270 NW 12TH STREET		ET PH-I	MIAMI	FL											
يه دويم ال	lucing willie para www.ath St					Mian	7. Fl	~ <sub>,</sub>										
-						QC	_											
idicated on this.	ertify that the information supplied w annual report is true and accurate	and that my sior	nature shall have the sac	me legal effect as if	made under oath; th	at I am a manag	jing member or manag	jer of the										
mited liability co ttachment with i	1001	npowered to ex h by	•	IE NAK	. 1	to P	(305)378-											

NHSE 10 R (12,98)