
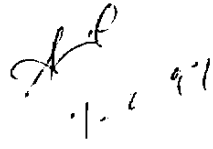


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. McPham Secretary of State DIVISION OF CORPORATIONS	
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 SUNDANCE MHP, LC		DOCUMENT # L96000000715	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address	
2. Principal Place of Business 8320 W. SUNRISE BLVD., PLANTATION, FL 33322	2a. Mailing Address 8320 W. SUNRISE BLVD. SUITE APT. #, etc. SUITE 108	3. Date Organized or Qualified 7/3/96	3a. State of Formation
City & State PLANTATION, FL 33322	City & State PLANTATION, FL 33322	4. FEI Number 59-3406451	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33322	Country USA	5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent JONATHAN JAMES DAMONTE 7800 - 113TH STREET N., SUITE 206 SEMINOLE, FL 34642		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____		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
MGR	JOHN HOLDEN 7027 W. BROWARD BLVD. #401 PLANTATION, FL 33317		300002230383--5 -07/03/97--01113--001 ****203.75 ****203.75
MGR	GERALD K. HOLSTEIN 8320 W. SUNRISE BLVD. #108 PLANTATION, FL 33322		
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: _____		GERALD K. HOLSTEIN 6/97 (954) 370-2222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	