
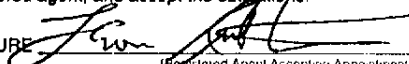
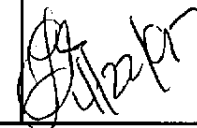
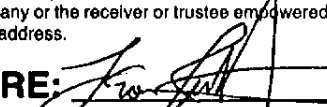


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 21 PM 2:05 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 TAHITI GARDENS APARTMENTS, LIMITED COMPANY 50 WEST MASHTA DRIVE SUITE 2 KEY BISCAVNE FL 33149		DOCUMENT # L96000000731 1a. Principal Place of Business Address 50 WEST MASHTA DRIVE SUITE 2 KEY BISCAVNE FL 33149			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 3460 NW 50th AVE Suite, Apt. #, etc. City & State LAUDERDALE LAKES FL Zip 33319 Country BROWARD		2a. Mailing Address 3460 N W 50th AVE Suite, Apt. #, etc. City & State LAUDERDALE LAKES FL Zip 33319 Country BROWARD		3. Date Organized or Qualified 07/09/1996 3a. State of Formation FL 4. FEI Number 65-0684163 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ROBERTS, NORMAN T 50 WEST MASHTA DRIVE SUITE 2 KEY BISCAVNE FL 33149			8. Name and Address of New Registered Agent Name LEON RUBENSTEIN Street Address (P.O. Box Number is Not Acceptable) 3460 NW 50th AVE Suite, Apt. #, etc. City LAUDERDALE LAKES FL Zip Code 33319		
9. Pursuant to the provisions of Sections 608.16 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  LEON RUBENSTEIN DATE 4/15/97 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGRM RUBENSTEIN, LEON		5799 N.W. 38 TERRACE		BOCA RATON FL 33496	
MGRM CHAIRMONTE, ROSEANNE		2481 N.E. COACHMAN ROAD		CLEARWATER FL	
600002152336--4 -04/23/97--01092--010 ****203.75 ****203.75 					
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:  LEON RUBENSTEIN 4/15/97 954 731 5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					