


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

**APPROVED
AND
FILED**

1997 MAY -1 AM 10:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	DOCUMENT #L96000000780
--	-------------------------------

HACIENDA CONDOS, L.C. POST OFFICE BOX 8020 HALLANDALE FL 33008	
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
Suite, Apt. #, etc.	307 S. 21st Avenue
City & State	Hollywood FL
Zip	33020
Country	USA

1a. Principal Place of Business Address
307 SOUTH 21ST AVENUE HOLLYWOOD FL 33020

3. Date Organized or Qualified	3a. State of Formation
07/23/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0693148	
5. Date of Last Report	6. Certificate of Status Desired
	<input type="checkbox"/> See 7b. Additional Fee Required

7. Name and Address of Current Registered Agent
KORN, GARY A ESQ BEDZOW, KORN & KAN, P.A. 20803 BISCAYNE BLVD. #200 AVENTURA FL 33180 300002176763--4 -05/13/97--01068--021 ****165.00 ****165.00

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
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
MGR	BIRDMAN, HARVEY	307 SOUTH 21ST AVENUE	HOLLYWOOD FL 33020
MGR	BIRDMAN, DIANE	307 SOUTH 21ST AVENUE	HOLLYWOOD FL 33020
MGR	BIRDMAN, LOUIS	307 SOUTH 21ST AVENUE	HOLLYWOOD FL 33020
MGR	HIRSCH, HERBERT	307 SOUTH 21ST AVENUE	HOLLYWOOD FL 33020

300002176763--4
-05/13/97--01068--022
*****38.75 *****38.75
4/28/97
5/12/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Louis Birdman** 4/28/97 954-922-6070
Date Daytime Phone #