File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY A Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR 10 PM 1:57 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000000788** 1a. Principal Place of Business Address VILLA HABANA BIRD ASSOCIATES, L.C. 10481 SW 40TH ST 10481 SW 40TH ST MIAMI FL 33165 MIAMI FL 33165 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 07/26/1996 Suite, Apt. #, etc. Sulte, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0684594 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country 58.75 Additional Fee Hegioreit 02/07/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name MARQUEZ, FELIX 10481 SW 40TH ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165 Sulte, 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) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MARQUEZ, FELIX MGR 10481 SW 40TH ST MIAMI FL 600002456976--- 0 -03/13/98--01092--001 ****188.75 ****188.75

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: * 2

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

3:3-98

Daytime Phone #