

REINSTATEMENT

2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$58.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 11 PM 12:31

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000789

PLAYHOUSE ASSOCIATES, L.C.
2100 PONCE DE LEON BLVD
SUITE 1170
CORAL GABLES FL 33134

1a. Principal Place of Business Address

2100 PONCE DE LEON BLVD
SUITE 1170
CORAL GABLES FL 33134

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
07/26/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0705902	
5. Date of Last Report	6. Certificate of Status Desired
02/28/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
ALONSO-POCH, MANUEL 2100 PONCE DE LEON BLVD SUITE 1170 CORAL GABLES FL 33134

8. Name and Address of New Registered Agent/Office
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 [Signature] DATE 5/15/01
(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	ALONSO-POCH, MANUEL	2100 PONCE DE LEON BLVD, S	CORAL GABLES FL
		300004423043--8 06/15/01--01084--018 ****300.00 ****300.00	
		REINSTATEMENT 98-01 Let 6/11 FF \$300	

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: [Signature] 5/15/01 (305) 448-4053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #