


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 FEB 22 AM 8: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | | | | | | | | | |
|--|---------------------------|--|---|---|--|-----------|---------------------------|-------------------------|--------------------------|-----|---------------|----------------------------|----------|-----|------------|----------------------------|----------|
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | | | | | | | | |
| 1 Name and Mailing Address of Limited Liability Company DOCUMENT # L96000001030 INTERLAKEN DEVELOPMENT, L.C. 9500 S. DADELAND BOULEVARD SUITE 606 MIAMI FL 33156 | | 1a. Principal Place of Business Address 9500 S. DADELAND BOULEVARD SUITE 606 MIAMI FL 33156 | | | | | | | | | | | | | | | |
| 2 Principal Place of Business 10875 S.W. 69th. Suite, Apt. #, etc. City & State Miami, FL Zip 33156 | | 2a. Mailing Address 10875 S.W. 69th. Suite, Apt. #, etc. City & State Miami, FL Zip 33156 | | 3. Date Organized or Qualified 09/27/1996 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | |
| Country USA | | Country USA | | 4. FEI Number 65-0698736 5. Date of Last Report 02/26/1998 | | | | | | | | | | | | | |
| 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | |
| 7. Name and Address of Current Registered Agent MOSK, YALE 9500 S. DADELAND BOULEVARD SUITE 606 MIAMI FL 33156 | | | 8. Name and Address of New Registered Agent/Office Name Mosk, Yale Street Address (P.O. Box Number is Not Acceptable) 10875 S.W. 69th. Suite, Apt. #, etc. City Miami Zip Code FL 33156 | | | | | | | | | | | | | | |
| 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 <i>Yale Mosk</i> <small>(If designated Agent Accepting Appointment, (P.O. Box Number is Not Acceptable) Signature, name, and address must appear.)</small> | | | DATE 2-18-99 | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>MOSK, MATTHEW</td> <td>9500 S. DADELAND BOULEVARD</td> <td>MIAMI FL</td> </tr> <tr> <td>MGR</td> <td>MOSK, YALE</td> <td>9500 S. DADELAND BOULEVARD</td> <td>MIAMI FL</td> </tr> </table> | | | | | | 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | MGR | MOSK, MATTHEW | 9500 S. DADELAND BOULEVARD | MIAMI FL | MGR | MOSK, YALE | 9500 S. DADELAND BOULEVARD | MIAMI FL |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | | | | | | | | | | | | | | |
| MGR | MOSK, MATTHEW | 9500 S. DADELAND BOULEVARD | MIAMI FL | | | | | | | | | | | | | | |
| MGR | MOSK, YALE | 9500 S. DADELAND BOULEVARD | MIAMI FL | | | | | | | | | | | | | | |

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 ***188.75 ***188.75

Yale Mosk
 2-25-99

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 AND TYPE OR PRINTED NAME OF SECRETARY, MANAGER, OR MEMBER MUST APPEAR HERE

DATE

FILED BY