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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 APR -7 AM 9: 37 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Malling Address
of Limited Liability Company **DOCUMENT** #L9600001036 1a. Principal Place of Business INTERNATIONAL HOMES - DORAL, L.L.C. 15800 SW 88TH STREET 15800 SW 88TH STREET MIAMI FL 33196 MIAMI FL 33196 If above malling address is incorrect in any way, tine through incorrect information and enter correction in Block 2a 3a. State of Formation 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 10/02/1996 Suite, Apt. #, etc. Sulte, Apt. #, etc. 4. FEI Number Applied For 65-0726748 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent STRELITZ, BRIAN L 15800 SW 88TH STREET Street Address (P.O. Box Number Is Not Acceptable) MIAMI FL 33196 Suite, Apt. #, etc. 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) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGRM STRELITZ, BRIAN L 5800 SW 88TH STREET MIAMI FL BUIE, FULLY Miam; FL 33172 000002137750--2 -04/09/97--01063--016 _#***203.75 ****203.75 11. I do hereby certify that the information supplies of indicated on this annual report is true and accurate limited liability company or the receiver or trusted attachment with an address. does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information 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 trop of trop of the trop of trop of the trop of trop of the trop of tr SIGNATURE:

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

INHSE 10 R(12-96)