


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

APPROVED  
AND  
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1997 JUL 21 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L96000001133
MIAMI NATIONAL GOLF CLUB, L.C. % R. DANIEL MAYS 15650 S.W. 83RD AVENUE MIAMI FL 33157	

1a. Principal Place of Business Address
% R. DANIEL MAYS 15650 S.W. 83RD AVENUE MIAMI FL 33157

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 16401 Venable Lakes Dr. Suite, Apt. #, etc.	2a. Mailing Address 16401 Venable Lakes Dr. Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami FL
Zip 33183	Country USA
Country USA	Zip 33183
Country USA	Country USA

3. Date Organized or Qualified 10/25/1996	3a. State of Formation FL
4. FEI Number 65-0714092	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
MAYS, R. DANIEL % R. DANIEL MAYS 15650 S.W. 83RD AVENUE MIAMI FL 33157

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
MGRM	MAYS, R. DANIEL	15650 S.W. 83RD AVENUE	MIAMI FL
MGRM	GARCHIK, STEPHEN	9605 SOTWEED DRIVE	POTOMAC MD
			100002250351--S -07/29/97--01047--003 ****407.50 ****203.75

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

Date

Daytime Phone #