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 1997 DIVISION OF CORPORATIONS FILED **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee 97 MAY -6 PM 1: 38 Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company SECRETARY OF STATE JOG PALMS-PALM BEACH GP, L.C. 7575 DR. PHILIPS BLVD. 575 DR. PHILIPS BLVD. SUITE 230 SUITE 230 ORLANDO FL 32819 RLANDO FL 32819 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 1/07/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Country Ζiρ Country 58-75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent FENN, RON 7575 DR. PHILIPS BLVD. SUNTE 230 DRLANDO FL 32819 Zip Code 9. Pursuant to the previsions 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 **SIGNATURE** Accepting Appointment) (NOTE: Registered Agent signature required when reinstating Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title 16830 VENTURA BLVD., SULTE # MGR HEARTHSTONE ADVISORS, SH2 f78498--0 -05/14/97--01094--007 ****203.75 ****203.75 HEARTHSTONE Rossiund JAN 28 1997

11. I de hereby certify that the information supplied with this filling 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

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Jog Palms-Palm Beach GP L.C., a Florida limited liability company

By: H

Hearthstone Advisors, Inc.

a California Corporation
Manager

By:

Mark Porath

Senior Vice President Finance

4/29/97

Phone

(818)

385-0005