
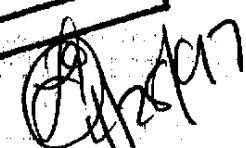
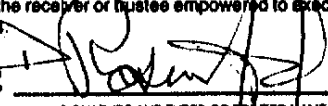


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company LEISURE POINTE PARTNERS, L.C. 2020 NE 163 STREET SUITE #203 NORTH MIAMI BEACH FL 33162		DOCUMENT # L96000001184	
1a. Principal Place of Business Address 2020 NE 163 STREET SUITE #203 NORTH MIAMI BEACH FL 33162		FILED 97 APR 24 AM 8:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 11/12/1996		3a. State of Formation FL	
4. FEI Number 65-0709450		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/>	
7. Name and Address of Current Registered Agent ROSENFELD, DANIEL F R A REALTY ASSOCIATES, L.C. 2020 NE 163 STREET #203 NORTH MIAMI BEACH FL 33162		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 700002162527--5 05/01/97 01100 014 FL 203.75 203.75	
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 of a 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
MGR	ROSENFELD, DANIEL	2020 NE 163 STREET #203	NORTH MIAMI BEACH FL
<div>BUILDING # 101 EXPENSE 7065 CHECK # DATE APPROVED BY </div>			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: 		DANIEL ROSENFELD 4-19-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	