


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #</b> L96000001184  LEISURE POINTE PARTNERS, L.C. 2020 NE 163 STREET SUITE #203 NORTH MIAMI BEACH FL 33162		1a. Principal Place of Business Address  2020 NE 163 STREET SUITE #203 NORTH MIAMI BEACH FL 33162	
2. Principal Place of Business 99 NW 183rd St Suite, Apt. #, etc. # 115 City & State N. Miami Beach FL Zip 33169 Country	2a. Mailing Address 99 NW 183rd St Suite, Apt. #, etc. 115 City & State N. Miami Beach FL Zip 33169 Country	3. Date Organized or Qualified 11/12/1996 4. FEI Number 65-0709450 5. Date of Last Report 04/24/1997	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <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/Office Name Daniel Rosenfeld Street Address (P.O. Box Number is Not Acceptable) 99 NW 183rd St Suite, Apt. #, etc. # 115 City N. Miami Beach FL Zip Code 33169	
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 <u>Daniel Rosenfeld</u> DATE <u>4-21-98</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)</small>			
10. Title MGR	Managing Members/Managers ROSENFELD, DANIEL	Business Street Address 2020 NE 163 STREET #203 99 NW 183rd St # 115	City, State and Zip Code NORTH MIAMI BEACH FL  200002507092--9 -04/30/98--01104--014 ****188.75 ****188.75

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. 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

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

Date

Daytime Phone #

4-21-98 (305) 652-5716