Plar-09 File on of before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAY -1 PM 1: 59 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** L96000001208 Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address MNGC REALTY, L.C. 6401 KANDALE LAKE DR 6401 KANDALE LAKE DR MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/19/1996 4. FEI Number FT. Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0741540 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent R DANIEL MAYS MAYS, R. DANIEL Street Address (P.O. Box Number is Not Acceptable) 18135 S.W. 92ND COURT 14610 SW 64 COURT MIAMI FL 33157 Suite, Apt. #, etc. 800002516<u>24</u>8-_ City MIAMI 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 reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MAYS, R. DANTLE 18185* 6* ₩ * 92* COURT **州科州*** 至扎 DANIEL 8251 CREENSBORO DRIVE STE 850 MCLEAN, VA 22102 MGRM GARCHIK, STEPHEN J 9605* SOTWEED* DRIVE* POTOMAC* MD* 8251 GREENSBORO DRIVE STE 850 MACLEAN, VA 22102

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:

SIGNATURIL AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.