


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

**APPROVED
AND
FILED**

1997 JAN 29 PH 4: 07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000001309

1650 DUNLAWTON AVENUE, L.C.
~~250 ROYAL PALM WAY STE 300~~
~~PALM BEACH FL 33480~~

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

1a. Principal Place of Business Address

~~250 ROYAL PALM WAY STE 300~~
~~PALM BEACH FL 33480~~

2. Principal Place of Business Attn: Mark S. Scott, Esq. c/o Hohl & Partners, Inc. Sixty State Street Suite 700 Boston, MA Zip 02109 Country U.S.A.	2a. Mailing Address Attn: Mark S. Scott Hohl & Partners, Inc. Sixty State St., Suite 700 Boston, MA Zip 02109 Country U.S.A.
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3. Date Organized or Qualified 12/17/1996	3a. State of Formation FL
4. FEI Number 700	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required

7. Name and Address of Current Registered Agent

YOUNG, GREGORY E
250 ROYAL PALM WAY STE 300
PALM BEACH FL 33480

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

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	1650 DUNLAWTON AVENUE	C/O SIXTY STATE STREET, SU	BOSTON MA

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-01/31/97--01001--014
****203.75 ****203.75

YGD
1/23/97

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: *Doris E. Young*, Secretary of 1650 Dunlawton Avenue, Inc., 1/23/97 (561) 820-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER Date Daytime Phone #

*Managing Member of
1650 Dunlawton Avenue, L.C.*