


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

**APPROVED  
AND  
FILED**

**1997 JAN 29 PM 4: 07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L96000001309
1650 DUNLAWTON AVENUE, L.C. <del>250 ROYAL PALM WAY STE 300</del> <del>PALM BEACH FL 33480</del>	
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
<del>250 ROYAL PALM WAY STE 300</del> <del>PALM BEACH FL 33480</del>

2. Principal Place of Business Attn: Mark S. Scott, Esq. c/o Hohl & Partners, Inc. Suite, Apt. #, etc. Sixty State Street Suite 700 City & State Boston, MA Zip 02109 Country U.S.A.	2a. Mailing Address Attn: Mark S. Scott Suite, Apt. #, etc. Hohl & Partners, Inc. Sixty State St., Suite City & State 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 SB 75 Additional Fee Required <input type="checkbox"/>

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
Zip Code <b>FL</b>

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

200002074302--5  
-01/31/97--01001--014  
\*\*\*\*203.75 \*\*\*\*203.75

*1650 Dunlawton*

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: *Dyck E. Young* Secretary of 1650 Dunlawton Avenue, Inc., 1/23/97 (561) 820-0244  
Signature and Typed or Printed Name of Signing Manager or Manager Date Daytime Phone #

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