

2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED
 98 SEP 23 PM 4:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company DOCUMENT # L96000001309 1650 DUNLAWTON AVENUE, L.C. % HOHL & PARTNERS, INC. SIXTY STATE STREET., STE 700 BOSTON MA 02109
--

1a. Principal Place of Business Address % HOHL & PARTNERS, INC. SIXTY STATE STREET., STE 700 BOSTON MA 02109

2 Principal Place of Business 222 Lakeview Avenue Suite, Apt. #, etc. Suite 160-152 City & State West Palm Beach, FL Zip 33401 Country USA	2a. Mailing Address 222 Lakeview Avenue Suite, Apt. #, etc. Suite 160-152 City & State West Palm Beach, FL Zip 33401 Country USA	3. Date Organized or Qualified 12/17/1996	3a. State of Formation FL
		4. FEI Number 59-3422063 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 01/29/1997	6. Certificate of Status Desired \$8.75 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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 700002649187--1 City 09/25/98 01077-001 ***588.75 ***588.75 FL
--	--

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 _____
(In the case of Agent Accepting Appointment) (NOT: 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, SUITE 700, BOSTON, MA 222 Lakeview Avenue, Ste. 160-152, West Palm Beach FL	33401

OK
9-24

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: 
561-833-7700 9/21/98
MARK S. SCOTT, VICE PRESIDENT & DIRECTOR