


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

**APPROVED
AND
FILED**

1997 MAY -1 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1997					
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000001337			
LWH TAMPA, L.L.C. C/O WALLACE C. LEVIN 4000 ISLAND BOULEVARD, TOWNHOUSE #2- NORTH MIAMI FL 33160		1a. Principal Place of Business Address C/O WALLACE C. LEVIN 4000 ISLAND BOULEVARD, TOWNHOUSE #2- NORTH MIAMI FL 33160			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		19885 N.E. 22nd Ave		2/26/1996	
City & State		Suite, Apt. #, etc.		3a. State of Formation	
Zip		City & State		FL	
Country		North Miami Beach, FLA		4. FEI Number	
		Zip		65-0735821	
		Country		<input type="checkbox"/> Applied For	
		33180		<input type="checkbox"/> Not Applicable	
		Broward		5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
HERNDERSON, CYNTHIA A C/O RUDNICK & WOLFE 101 EAST KENNEDY BOULEVARD, SUITE 20 TAMPA FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
			000002176470--9 -05/13/97--01061--004 ****203.75 ****203.75 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 _____ (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	LEVIN, WALLACE S	4000 ISLAND BOULEVARD, TOW		NORTH MIAMI BEACH FL	
MGRM	LEVIN, MARK	555 LAUREL AVENUE, APARTME		SAN MATEO CA	
MGRM	WALFISH, NANCY	19885 N.E. 22ND AVENUE		NORTH MIAMI BEACH FL	
MGRM	HEUBERGER, JOHN	107 WEST ST. ANDREWS LANE		DEERFIELD IL	
MGRM	HEUBERGER, DONNA C	107 WEST ST ANDREWS LANE		DEERFIELD IL	
MGRM	LEVIN, PAUL A	4242 NEW HOPE SPRINGS DRIV		HILLSBORO NC	
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: Wallace S. Levin		4/1-8/97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	