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

LIMITED-LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** **APPROVED**

1997 FEB -7 AN 8: 47

FILING (\$ 203.7		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9700000021										
VILLAGE PALMS, L.C. 13200 SW 128 STREET SUITE E1 MIAMI FL 33186								1a. Principal Place of Business Address 13200 SW 128 STREET SUITE E1 MIAMI FL 33186		
If above mailing address is incorrect in any way, tine through incorrect information and ent 2. Principal Place of Business						nd enter corr	ection in Block 2a	3. Date Organize	d or Qualified	3a. State of Formation
Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			2/31/199 4. FEI Number)6 1	FI. Applied For	
City & State			City & Sta	City & State			65-07/5 110			
Zip		С	ountry	Zip		Countr	у	5. Date of Last R	eport	6. Certificate of Status Desired S8.75 Additional Ere Respured
7. Name and Address of Current F			nt Registered	Registered Agent			8. Name and Address of New Registered Agent			
9. Pursuar its registere as registere	nt to the pred office or red agent,	2.3 3.1.3 ovision registe	S(I') N. F. E. I.	the State of Flor	ida. Such cha	inge was ai	Suite, Apt. #, etc City ove-named limite uthorized by affirm	d liability company su ative vote of a majority	FL.	Zip Code ment for the purpose of changing s. I hereby accept the appointment
SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature) 10. Title Managing Members/Managers Busines						e required when reinstating) ses Street Address City, State and Zip Code				
		EAS	TAYLOR A	AND D 1			,	IVE, STE N		•
						.4		Deallon 440 07(0) (i) F	Ilanisia Otatudaa	LE velous and E value at the displacement in

1 1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #