File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY 🔏 FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 99 APR 28 AM 8: 46 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 197000000309** 1a. Principal Place of Business Address L.W. INVESTMENTS, L.C. C/O ECOS TROPIROCK Hotel e/o ECOS 801 BRICKELL AVENUE, SUITE 9 801 BRICKELL AVENUE, SUITE 952 Q... MIAMI-FL 33131 MIAMI FL 33131 ---3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 2900 03/12/1997 Suite, Apt. #, etc. Suite. Apt. #. etc 4. FEI Number Applied For APPLIED FOR 65-073 (1405. Date of Last Report City & State Not Applicable ulewale 6. Certificate of Status Desired Country S8 75 Additional Fee Required 03/06/1998 (SBA 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office STANKEE, GLEN A ESQUIRE SCH ACQF HELYEUTH RUDEN, MCCLOSKY, SMITH, SCHUSTER & R Street Address (P.O. Box Number is Not Acceptable) 200 EAST BROWARD BOULEVARD 290cm BERMAR STREET FORT LAUDERDALE FL 33301 OFFICE 3330 (TT. LAUDER DACE 🖪 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 copling Appointment). (NOTE Registered Agent signature required when revisibility) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code L.W. HOLDINGS, L.D.C. P.O. BOX 1111, GEORGE TOWN CAYMAN ISLANDS B.W.I MEM MEM WIENINGER, LEOPOLD C/O ECOS, 801 BRICKELL AVE MIAMI FL 40|0002870344--- 1 -05/11/99--01005--024 ****188.75 ****188.7S 11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(a) (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 SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED LAME OF SIGNING MANAGING MEMBER OF MANAGER

INHSE10 R (12-98)