File oh or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED

| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | FI. | LORIDA DEPARTI Sandra B. I Secretary DIVISION OF CO | Mortham of State | | | | OF STATE RPORATIONS PM 4: 08 | |
|--|----------------------|--|--|---|------------------------------------|-----------------------------|------------------------------------|--|
| FILING FEE Annual Report \$100 \$ 188.75 Make Check Paya 1. Name and Mailing Address of Limited Liability Company | ble To: FLORII | Corporation Su DA DEPARTME # L970000 | NT OF STATE | | | | | |
| POINCIANA LAND INVESTMENTS, L.C. 7525 N.W. 8 Street, Suite 201 Miami, Florida 33126 | | | | 1a. Principal Place of Business Address 7525 N.W. 8 Street Suite 201 Miami, Florida 33126 | | | | |
| 2. Principal Place of Business 2a. Mailin | | ng Address | | | | | a. State of Formation Florida | |
| Sulte, Apt. #, etc. | Suite, Apt. | . #, etc. | | 4. FEI Number Applied For | | | | |
| City & State | City & Stat | City & State | | | 65-0741963 5. Date of Last Report | | Not Applicable | |
| Zip Country | Zip | Coi | untry | 5. Date of Last . | s. Date of cast Report | | cate of Status Desired | |
| 7. Name and Address of Cu | Agent | 8. Name and Address of New Name | | | w Registered Agent/Office | | | |
| its registered office or registered agent, or both as registered agent, and accept the obligation SIGNATURE | ida. Such change was | City | Suite, Apt. #, etc. City FL Zip Code Above-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. I hereby accept the appointment | | | | | |
| | | | siness Street Address | ···· | | | Zip Code | |
| MGR COHEN, MARK D. MGR LAGE, GONZALO M. MGR CHALBAUD, LUIS R. | NOM | 7525 N.W. | ywood Blvd., 8 Street, # ell Ave., #] | #201 1007 | Miami, Miami, 0002 -05/0 | Fla. Fla. 514 7/98 | | |
| | | | | | | | | |

11. I do hereby certify that the information supplied with this filling 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 pignature 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.

|38|98(305)267-9954