Flie on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MPR - 0 PH 4: 09 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 #** L97000000336 COCONUT GROVE OFFICE LIMITED LIABILITY CON 1a. Principal Place of Business Address 601 BRICKELL KEY DRIVE 601 BRICKELL KEY DRIVE SUITE E SUITE E MIAMI FL 33131 MIAMI FL 33131 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation Principal Place of Busines 03/21/1997 4. FEI Number Applied For Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 88.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office LOPEZ-GARCIA, JORGE L ESQ. Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVE. SUITE 950 MIAMI FL 33131 Zip Code 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 Staffe 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 X DATE nent) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 3006 601 **B**RÍCKELL ∕KÉY DR., MGR AVILA, EDUARDO 33/33 SUIT MIAMI FL 80<mark>0002480948₇₇7</mark> -04/07/93 - -01046 --014 ****188.75 ****188.75

11. Ido 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 signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered by 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: 💆