File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARIMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 98 DEC 29 PM 1: 40 1998 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETAN' OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L9700000389 1a. Principal Place of Business Address BET BARUCH PROPERTIES, L.C. 6543 RACQUET CLUB DRIVE 6543 RACQUET CLUB DRIVE FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33319 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 04/04/1997 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MABARI SALOMON GORFINKEL, NESTOR B Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE STE 401 RACQUET CLUB DRIVE BAY HARBOR ISLANDS FL 33154 Zip Code 33319 FORT LANDERDANE, FL 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability comparily submits this statement for the purpose of changing 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 its registered office and accept the obligations. as registered agen SIGNATURE (Registered Agent Accepting Appointment) (NOTE, Registered Agent signature required when reinstalling) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM MABARI, SALOMON 6543 RACQUET CLUB DRIVE FORT LAUDERDALE FL 400002735824---01/11/99--01007--003 ****597.50 ****597.50 400002735824---01/11/99--01007--004 ****91.25 *****91.25 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 the 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. attachment with an address. SIGNATURE:

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

NHSE10 R (12-97)

Daytime Phone #