File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 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#** L97000000563 1a. Principal Place of Business Address SPRING TREE HILL, L.C. 2030 S OCEAN DR, SUITE 820 2030 S OCEAN DR, SUITE 820 HALLANDALE FL 33009 HALLANDALE FL 33009 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05/20/1997 Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Žip Country Country S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Nama PIOTRKOWSKI, JOEL S Street Address (P.O. Box Number is Not Acceptable) 317 71ST ST MIAMI BEACH FL 33141 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Fiorida 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 _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code JULIE REALTY OF FLORID 2030 S OCEAN DR, SUITE 820 HALLANDALE FL MEM MEM GENRAK HOLDINGS, INC. 10101 COLLINS AVE, SUITE 7 BAL HARBOUR FL MEM WCM CONSTRUCTION, INC. C/O DOMINIC TRIPODI, 1302 DANIA FL **300002478853--8** -04/03/98--01117--010 ****188.75 ****188.75 1 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 it 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.

Mutter IS A HE REITER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: