



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

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 27 AM 8:57 <i>mtu</i> 4/29 | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # L97000000590 | | 1a. Principal Place of Business Address | |
| GATOR BAY HARBOR II, L.C. % GATOR REALTY & MANAGEMENT 2250 N.E. 163RD STREET SUITE 6 N MIAMI BEACH FL 33160 | | | | 2250 N.E. 163RD STREET SUITE 6 N MIAMI BEACH FL 33160 | |
| 2. Principal Place of Business 1595 NE 163RD STREET | | 2a. Mailing Address 1595 NE 163RD STREET | | 3. Date Organized or Qualified 05/30/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 3a. State of Formation FL | |
| City & State | | City & State | | 4. FEI Number 65-0810516 | |
| Zip 33162 | | Country | | 5. Date of Last Report | |
| | | | | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent | | 8. Name and Address of New Registered Agent/Office | | | |
| HOLZBERG, GLENN ESQ. 9130 SOUTH DADELAND BLVD. SUITE 1902 MIAMI FL 33156 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 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  | | DATE 4/22/98 | | | |
| (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 10. Title | | Managing Members/Managers | | Business Street Address | |
| MGR | | DOHLE, KURT | | ALTE HEERSTR. 53 | |
| MGRM | | MISKA, DOUGLAS S. | | 1595 NE 163RD STREET | |
| | | | | SANKT AUGUSTIN 1 GER N. MIAMI BEACH, FL 33162 | |
| | | | | 600002510756--0 -05/05/98--01050--019 ****188.75 ****188.75 | |

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 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 attachment with an address.

SIGNATURE:

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

4-1-98 (305) 949-9049

Date Daytime Phone #