


**2<sup>nd</sup> and FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

**98 AUG 27 AM 11: 20**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company  <b>SIESTA POINTE HOLDINGS, L.C.</b> 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134	<b>DOCUMENT #</b> L97000000988
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1a. Principal Place of Business Address  2121 PONCE DE LEON BLVD., SU CORAL GABLES FL 33134
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2. Principal Place of Business Suite, Apt. #, etc.  City & State  Zip	2a. Mailing Address Suite, Apt. #, etc.  City & State  Zip	Country	Country
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3. Date Organized or Qualified 09/09/1997	3a. State of Formation FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  WOLFE, LEON J SUITE 3500 - INTERNATIONAL PLACE 100 S.E. 2ND STREET MIAMI FL 33131
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
	MGRM CORNERSTONE SIESTA POI	2121 PONCE DE LEON BLVD.,	CORAL GABLES FL

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-09/01/98--01073--004  
\*\*\*\*588.75 \*\*\*\*588.75

*Dec*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), Florida Statutes. 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:** Vice President of Managing Members

305-443-8288

**BERMAN WOLFE & RENNERT**  
PROFESSIONAL ASSOCIATION • ATTORNEYS AND COUNSELORS

LEON J. WOLFE  
(305) 577-4179

August 24, 1998

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

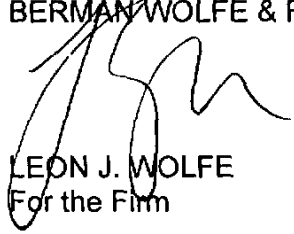
**Re: Annual Report, Document #L97000000988**

Dear Sirs:

Enclosed is the Annual Report for Siesta Pointe Holdings, L.L.C. and a check for filing fees in the amount of \$588.75.

Very truly yours,

BERMAN WOLFE & RENNERT, P.A.

  
LEON J. WOLFE  
For the Firm

LJW/rjb  
Enclosures

cc: Jorge Lopez

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