| A | D LIABILITY (NNUAL REP 1999 FEE Annual 75 Make | ORT | Katherine Harris Secretary of State Division OF CORPORATIONS Corporation Supplemental Fee DA DEPARTMENT OF STATE | | | | | | | | |
|--|--|--|---|-------------------|---|---------------|---|------|-----------|-----------------------------|--|
| 1. Name and Malling Address of Limited Liability Company | | | | | | | SeGRÉTARY GESTALL TALLAHASSEE, FLORIDA | | | | |
| BRICKELL WALK MANAGEMENT, L.C. 2665 SOUTH BAYSHORE DRIVE SUITE 302 COCONUT GROVE FL 33133 | | | | | | | 1a. Principal Place of Business Address 2665 SOUTH BAYSHORE DRIVE SUITE 302 COCONUT GROVE FL 33133 | | | | |
| 2 Principal Place of Business 2a. Mailir | | | | ng Address | | | 3. Date Organize | | 1 | e of Formation | |
| Suite, Apt. | #, etc. | Suite, Ap | Suite, Apt. #, etc. | | | 09/18/1997 FL | | | | | |
| City & State | | | City & State | | | | 65.0838778 Applied Fo | | | Applied For Not Applicable | |
| Zip | Country | | Zip | | Countr | ry | 5. Date of Last R | | | cate of Status Desired | |
| | 7. Name and | Address of Curren | t Registered | Agent | | 8. | Name and Address | | tered Age | nt/Office | |
| 9. Pursua its register as register | 8, Florida Statul rida. Such char | Suite, Apt. #, etc. City Florida Statutes, the above-named limited ida. Such change was authorized by affirmation. | | | Zip Code FL Id liability company submits this statement for the purpose of changing native vote of a majority of the members. I hereby accept the appointment | | | | | | |
| SIGNATU | • | | | | | | | DATE | | | |
| (Registered Agent Accepting Appointment) IN 10. Title Managing Members/Managers | | | | NOTE Registered A | OIE Bog sered Agent signature required when rerestate Business Street Address | | | | | | |
| MGR | MGR MEUNIER, JEAN MARC | | | | 2665 SOUTH BAYSHOR | | | | | | |
| MGR | MGR FITTIPALDI, EMERSON MGR BERKE, HOWARD ESQ. | | | | | | | | | *** | |
| MGR | 505 P | 505 PARK AVENUE, SUITE 900 NEW YORK NY 510002615428304/27/990110000 ****188.75 ****188 | | | | | 1283 2 01100006 | | | | |

INHSE10 R (12-98)

SIGNATURE:

GGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGIN AND MEMBER OR MANAGER.

Date: Date: