


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
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  1521 LENOX, L.C. 1400 OCEAN DRIVE MIAMI BEACH FL 33139		DOCUMENT # L97000001091	
2. Principal Place of Business 1521 LENOX AVENUE Suite, Apt. #, etc. City & State Miami Beach Zip 33139 Country USA		2a. Mailing Address 1400 OCEAN DR. Suite, Apt. #, etc. City & State Miami Beach Zip 33139 Country USA	
3. Date Organized or Qualified 09/30/1997		3a. State of Formation FL	
4. FEI Number 65-0784468		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  SCHLESSER, MEL 1400 OCEAN DRIVE MIAMI BEACH FL 33139		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	
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 _____ (Registered Agent Accepting Appointment)		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SCHLESSER, MEL	1400 OCEAN DRIVE	MIAMI BEACH FL

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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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

Date 4/8/98 Daytime Phone #