File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 FILED **DIVISION OF CORPORATIONS** 99 FEB 22 AM 8: 59 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company SECRETARY OF 5 CARE **DOCUMENT #** 197000001091 TALLAHASSEE FLORIDA 1521 LENOX, L.C. 1521 LENOX AVENUE 'MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 1300 Cours Aue 1300 Cours Ave # 100 09/30/1997 FL4. FEI Number Applied For 65-0784468 -Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 04/13/1998 . Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office SCHLESSER, MEI 1400 CELAN DRI Street Address (P.O. Box Number is Not Acceptable) 1300 Cours Ave # 100 MIAMI BEACH FL 33139 33139 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. Thereby accept the appointment as registered agent, and accept the obligations. (Registers) Agent Accepting Approximent: (NOTE Registered Agent signature reports of control of deap.) SIGNATURE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 1300 COLUMS fee #100 MGR SCHLESSER, MEL MIAMI BEACH FL 4中四四层层当场4021中 ****188.75 ****188.7 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. Hurther certify that the information indicated on this annual report is true and accurate and that my signature strength 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 trusten empowered 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 trusten empowered the same legal effect of attachment with an address. SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SKINING MANAGERS MEMBER OR MANAGE