


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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 AM 9:13 HL 3/5	
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 HUDSON INDUSTRIAL, L.L.C. 345 OCEAN DR STE 820 MIAMI BEACH FL 33139				DOCUMENT # L97000001155			
2. Principal Place of Business 1221 Brickell Ave Suite, Apt. #, etc. Suite 900 City & State Miami FL Zip 33131				2a. Mailing Address 1221 Brickell Ave Suite, Apt. #, etc. Suite 900 City & State Miami FL Zip 33131		3. Date Organized or Qualified 10/16/1997 3a. State of Formation FL	
Country USA				Country USA		4. FEI Number 65-0788614 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report none				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent FLORIDA INCORPORATOR, S INC 1221 BRICKELL AVE STE 900 MIAMI FL 33131				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 400002449644--B Suite, Apt. #, etc. -03706798--01106--003 ****188.75 ****188.75 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MEM	FRANKE, CHRISTIAN	345 OCEAN DR STE 820		MIAMI BEACH FL			

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:  Christian Franke 24-Feb-98 305 995 8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #