

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
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4/15 FILED 4/21
98 APR 20 PM 12:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L97000001163
BROWNSVILLE RENAISSANCE SHOPPING CENTER, I
.L.C.
C/O DADE EMP. & ECONOMIC DEV. CORP., INC.
141 N.E. THIRD AVE., SUITE 500
MIAMI FL 33132

1a. Principal Place of Business Address
C/O DADE EMP. & ECONOMIC DEV
141 N.E. THIRD AVE., SUITE 5
MIAMI FL 33132

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
10/21/1997	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
45-0788500	
5. Date of Last Report	6. Certificate of Status Desired
N/A	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
SELF, DAVID C II
C/O CUNNINGHAM & SELF, P.A.
400 AUSTRALIAN AVE., SUITE 700
WEST PALM BEACH FL 33401

8. Name and Address of New Registered Agent/Office
Name: **Bernice B. Butler**
Street Address (P.O. Box Number is Not Acceptable):
141 NE 3rd Ave # 500
Suite, Apt. #, etc.
City: **Miami** Zip Code: **FL 33137**

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: *Bernice B. Butler* DATE: **4/15/98**
(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	DADE EMPLOYMENT & ECON	141 N.E. THIRD AVE., SUITE	MIAMI FL
MGRM	FANNIEMAE,	3900 WISCONSIN AVE., N.W.	WASHINGTON DC

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****188.75 ****188.75

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: *Bernice B. Butler* DATE: **4/15/98** 305/577-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #