
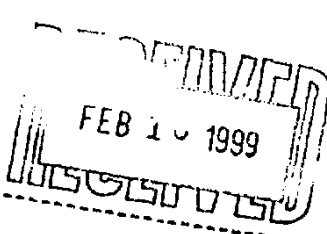


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris 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 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	Zip	Country
3. Date Organized or Qualified 10/21/1997		3a. State of Formation FL	
4. FEI Number 65-0788500		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/20/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$875 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
BUTLER, BERNICE B 141 NE 3RD AVE #500 MIAMI FL 33137		Name <i>Arthur Jackson</i> Street Address (P.O. Box Number is Not Acceptable) <i>141 NE 3rd Avenue #500</i> Suite, Apt. #, etc. City <i>MIAMI</i> FL Zip Code <i>33132</i>	
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 <i>Arthur L Jackson</i>		DATE <i>4-20-99</i>	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when changing office)			
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
			
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: <i>Arthur Jackson</i>		DATE: <i>4-20-99</i>	
(Signature and Typed or Printed Name of Signing Manager/Member or Member)			