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 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address CENTER, # 197000001163
of Limits HOPPING CENTER, 1a. Principal Place of Business Address C/O DADE EMP. & ECONOMIC DEV. CORP., INC. C/O DADE EMP. & ECONOMIC DEV 141 N.E. THIRD AVE., SUITE 500 MIAMI FL 33132 141 N.E. THIRD AVE., SUITE 5 MIAMI FL 33132 3. Date Organized or Qualified 10/21/1997 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address FT. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0788500 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country 04/20/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office BUTLER, BERNICE B 141 NE 3RD AVE #500 MIAMI FL 33137 City Zip Code 33/32 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 DATE 4-20-49 nethon ach SIGNATURE 1 ວິຊຸກສາ(mee) (NOTC Beginered Agent squarer regional which installing Managing Members/Managers **Business Street Address** 10. Title 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 1 Union 25905281-006 -06/15/99-01041-006 \*\*\*\*197.50 \*\*\*\*197.50 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If unther 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

SIGNATURE AND TYPEO OF PROJETS NAME OF SIGNING MANAGING MEMBLE OR MANAGES

attachment with an address.

SIGNATURE:

INHSE10 R (12-98)

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