File on or before May 1, 1995 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE

\$ 188	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee 3.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE and Malling Address wifed Liability Company DOCUMENT # 1.97000001185								98 MAR 16 PM 1:41		
PLATFORM PROPERTIES, L.C. PORTO VITA, Balla Vista & Part Roof 19925 N.E. 39TH PLACE, PENTHOUSE ROOF AVENTURA FL 33180								PORTO VITA 19925 N.E. 39TH PLACE, PENTH AVENTURA FL 33180			
2. Principal Place of Business 2a. Ma				2a. Mailir	lling Address			3. Date Organize	ed or Qualified	3a. State of Formation	
Suite, Apt. #, etc. Suit				Suite, Apt	e, Apt. #, etc.			10/24/1 4. FEI Number	997	FL	
0				City & Sta	tata				70.41	Applied For	
City & State City &				City & Sta	r State			65.0	<u> </u>		
Zip	-	Country Zip			Country			5. Date of Last Report		6. Certificate of Status Desired SB 75 Additional Fee Required	
								Name and Address of New Registered Agent/Office			
DIFRANCO, ROBIN PORTO VITA 19925 N.E. 39TH PLACE, PENTH AVENTURA FL 33180					HOUSE ROO Porty V. Suite, Apt. #, etc.			Hr Apples xein. O. Box Numberte Not Acceptable) NEA. Bella Vista S. P. H. Roof NE 39 23 Place. Zip Code			
					Aveni			tuan FL 33180			
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 2/2 4/9 3											
SIGNATURE											
10. Title	Managing Members/Managers			Business Street Address				City,	State and Zip Code		
MGR MGR	DEVERO		H	3227 OAKELLAR STREE 19925 N.E. 39TH PL				TAMPA			
		,							1	*** ***	

1 loo hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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.

39TH PLACE;

19925 N.E. 39TH PLACE, PEN

SIGNATURE

WOOLSEY,

DIFRANCO,

MGR

MGR

THOMAS

ROBIN

CARLESS, TAMARA M

Allan H. Applustein

2/24/93

PEN

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