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

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

 Name and Malling Address of Limited Liability Company

DOCUMENT # 19700001356

FILED

98 APR 29 AM 9: 29

SECRETARY OF STATE TALLAHASSEE. FLORIDA

1a. Principal Place of Business Address ROYAAL Z, L.C. 1630 THE 12TH FAIRWAY 1630 THE 12TH FAIRWAY WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 12/05/1997 4. FEI Number FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0800116 Not Applicable 5. Date of Last Report 8. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CUEVAS, ANDREW Street Address (P.O. Box Number is Not Acceptable) CUEVAS & RUBIN, P.A. 9200 S. DADELAND BLVD., SUITE 603 100002512091---05/05/98--01136--026 MIAMI FL 33156 Sulte, Apt. #, etc. ****1866,c666 ****188.75 City

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

10. Title Managing Members/Managers Business Street Address City, State and Zip Code

MBR ECHEVERRI ACEVEDO, CAT 14259 1630 THE 12TH FAIRWA WELLINGTON FL

MBR ESCOBAR, ALEJANDRO 1630 THE 12TH FAIRWAY WELLINGTON FL

AL APR 3 0 1998

119 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. 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.

SIGNATURE:

ATTAMIN DE COUNC

Areix 07/98 (561)492-153