File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 APR 27 PM 1:51 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE. FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L9700001366 1a. Principal Place of Business Address GRAND VIEW GARDEN HOMES, L.C. 283 SABAL PALM TERRACE 283 SABAL PALM TERRACE BOCA RATON FL 33432 BOCA RATON FL 33432 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/08/1997 FL Suite, Apr. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65 - 0604835 5. Date of Last Report Not Applicable 6. Certificate of Status Desired Zip Country Country S8-75-Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GRAVENHORST, PAUL S ESQ. GOLDBERG, YOUNG & GRAVENHORST, P.A. Street Address (P.O. Box Number is Not Acceptable) 1630 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33305 Sulte, Apt. #, etc. City Zip Code FL 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstaling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM GRAVENHORST, PAUL S 283 SABAL PALM TERRACE BOCA RATON FL MGRM REALTY ASSOCIATES, 283 SABAL PALM TERRACE BOCA RATON FL **600002515836** -05/07/98--01100--006 ****188.75 ****188.75

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 urther certify that the information indicated on this any ual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

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SIGNATURE AND TYPE D OF PRINTED NAME OF STONING MANAGING MEM

4/10/98

954-564 8000

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