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 FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS co ter 20 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 198000000744** 1a. Principal Place of Business Address EVERGLADES SOUTH ASSOCIATES, L.C. C/O ROBERT J. WOLFARTH C/O ROBERT J. WOLFARTH 1605 BAY ROAD, OFFICE 1605 BAY ROAD, OFFICE MIAMI FL 33161 MIAMI FL 33161 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation SAML AS MOONE SAME AS ABOVE 06/08/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65.0853962 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MELAND & RUSSIN, P.A. none 2420 FIRST UNION FINANCIAL CENTER Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131 -900002853669--Suite Apt #, elc -04/27/99--01071--013 **** 1880 ode **** 188 75 9. Pursuant to the provisions of Sections 605.416 and 608.508. Florida Statutes, the above-named limited hability 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, a SIGNATURE

10. Title ng Members/Managers **Business Street Address** City, State and Zip Code MGRM WOLFARTH, ROBERT J 1605 BAY ROAD, OFFICE MIAMI BEACH FL MGRM WOLFARTH, ROBERT J II 1605 BAY ROAD, OFFICE MIAMI BEACH FL MGRM REIBER, NATHAN 37 STAR ISLAND MIAMI BEACH FL MGRM MELAND, JILL A 5920 PINE TREE DRIVE MIAMI BEACH FL

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 annual report is trige and accurate another in 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 reservoir custee 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:

POREST J. WOLFAYAT, managing tremps 4/1/99 (305) 672-142

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