File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 99 MAR 17 PH 1:50 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # L98000001108** 1a. Principal Place of Business Address KENDALL SUMMIT INVESTORS, L.C. 4601 PONCE DE LEON BOULEVARD, STE 300 4601 PONCE DE LEON BOULEVARD CORAL GABLES FL 33146 CORAL GABLES FL 33146 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 07/17/1998 FLSuite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State 65-0850829 5. Date of Last Report Not Applicable 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE, 19TH FLOO MIAMI FL 33133 Suite Apl Zip Code 35146 9. Pursuant to the provisions of Sections 608.416 and 609.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agont, or both, justing state of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligation 2/25/79 20un DATE SIGNATURE **Business Street Address** City. State and Zip Code 10. Title Managing Members/ MGR FISHER, ISAAC K 4601 PONCE DE LEON BOULEVA CORAL GABLES FL MGR BERRIN, ROBERT 4601 PONCE DE LEON BOULEVA CORAL GABLES FL 800002812638--5 -03/19/99-01111-013 \*\*\*\*188.75 \*\*\*\*188.75 11. How hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal 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 are accurate 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: