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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 1999 FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS

FILED

APR 26 11:59:00

SECRETARY OF STATE

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

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001244 330 WEST ASSOCIATES HIALEAH, L.L.C.

1a. Principal Place of Business Address 15 Maple Avenue Morristown, New Jersey 07960

2. Principal Place of Business 15 Maple Avenue Suite, Apt. #, etc.

2a. Mailing Address 15 Maple Avenue Suite, Apt. #, etc.

3. Date Organized or Qualified 7/28/98

3a. State of Formation Florida

City & State Morristown New Jersey Zip 07960 Country USA

City & State Morristown New Jersey Zip 07960 Country USA

4. FEI Number 22-3641855

Applied For Nor Applicable Certificate of Status Desired

7. Name and Address of Current Registered Agent Randal C. Fairbanks 217 Ponte Vedra Park Drive, Suite 200 Ponte Vedra Beach, Florida 32082

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL

9. Pursuant to the provisions of Sections 608.418 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

Table with 3 columns: 10. Title, Managing Members/Managers, Business Street Address, City, State and Zip Code. Row 1: Member-Manager, 330 West Hialeah, Inc., 15 Maple Avenue, Morristown, New Jersey 07960.

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11. I 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. I further 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: [Signature] 4/1/99