
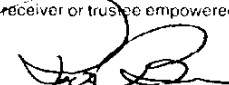


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L9800001310			
CORAL REEF COMMERCIAL PROPERTIES, L.C. 6245 NORTHWEST NINTH AVENUE, SUITE 213 FORT LAUDERDALE FL 33309		1a. Principal Place of Business Address 6245 NORTHWEST NINTH AVENUE, FORT LAUDERDALE FL 33309			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 07/31/1998 3a. State of Formation FL 4. FEI Number 65-0845328 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent BORMAN, PATRICIA 6245 NORTHWEST NINTH AVENUE, SUITE 2 FORT LAUDERDALE FL 33309		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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 _____ <small>(Registered Agent Accepting Appointment) (Not Registered Agent Signature and who is not filer)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	BORMAN, PATRICIA	6245 NORTHWEST NINTH AVENUE		FORT LAUDERDALE FL	
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:  PATRICIA BORMAN 3-3-99 (954)351-9501 <small>SIGNATURE AND FULL CORPORALED NAME OF LIMITED LIABILITY COMPANY MEMBER OR MANAGER</small>					

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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