


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		RECEIVED JUNE 22 1999 2:58	
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 # L98000001427 ROYAL PALM HOSPITALITY, L.L.C. 300 71ST STREET, SUITE 635 MIAMI BEACH FL 33141		1a. Principal Place of Business Address 300 71ST STREET, SUITE 635 MIAMI BEACH FL 33141			
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 08/12/1998 3a. State of Formation FL 4. FEI Number 65-0856072 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent BREIER, ROBERT G 2800 PONCE DE LEON BLVD., STE 1125 CORAL GABLES FL 33134			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) (NOTE: Registered Agent Signature Required When Not a Self)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	SCHECTER, AARON	1060 NORTH NORTHLAKE DRIVE		HOLLYWOOD FL	
MGR	RAPAPORT, ROBERT D	175 BRADLEY PLACE		PALM BEACH FL	
MGR	MILLER, GERALD S	300 71ST STREET, SUITE 635		MIAMI BEACH FL	
MGR	GOLDFARB, PHILIP	300 71ST STREET, SUITE 635		MIAMI BEACH 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: 

2/12/99 205 868 222

SIGNATURE AND TYPE CERTIFY TO NAME OF SECRETARY, MANAGER, OR MEMBER OF COMPANY