
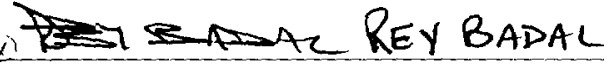


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 15 PM 4: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
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 # L98000001857 SKYSCRAPER HOLDING L.L.C. 7045 N.W. 46 STREET MIAMI FL 33166		1a. Principal Place of Business Address 7045 N.W. 46 STREET MIAMI FL 33166															
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 09/15/1998 3a. State of Formation FL 4. FEI Number 65-0867651 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 GRAY, RICHARD V ESQ. 2701 IEJEUNE ROAD, SUITE 405 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. 6000042848156 City 04/22/98 - 01104 - 016 ****188.75 ****188.75 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 _____														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>BALVA, UDI</td> <td>7045 N.W. 46 STREET</td> <td>MIAMI FL</td> </tr> <tr> <td>MGRM</td> <td>BADAL, REY</td> <td>7045 N.W. 46 STREET</td> <td>MIAMI FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	BALVA, UDI	7045 N.W. 46 STREET	MIAMI FL	MGRM	BADAL, REY	7045 N.W. 46 STREET	MIAMI FL
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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:  4/12/99 3055415678																	