File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 29 PM 1: 21 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT** # L9800002534 1a. Principal Place of Business Address COSCAN HOMES REALTY L.L.C. AVENTURA CORPORATE CENTER, SUITE 103 AVENTURA CORPORATE CENTER, S 20803 BISCAYNE BOULEVARD 20803 BISCAYNE BOULEVARD AVENTURA FL 33180 AVENTURA FL 33180 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 11/04/1998 Suite, Apt. #, etc. Suite. Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-087376**7** Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country ZiD \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WOLFE, LEON J ESQ Street Address (P.O. Box Number is Not Acceptable) BERMAN WOLFE & RENNERT, P.A. 100 SE SECOND ST., 3500 NATIONSBANK Suite, Apt. #, etc. MIAMI FL 33131 City 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. TURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Aridress** City, State and Zip Code MGR BROOKFIELD DEVELOPER, 20803 BISCAYNE BOULEVARD AVENTURA FL 200002868642----05/07/99--01158--016 \*\*\*\*188.75 \*\*\*\*188.75 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. Hurther 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 trusten 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 of the control of the con attachment with an address. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

HSE10 R (12-98)