File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS co (PR 23 FH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee A GIGWAY ESTATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000003323 1a. Principal Place of Business Address GOTHAM, L.C. 3000 NORTH UNIVERSITY DRIVE, SUITE E 3000 NORTH UNIVERSITY DRIVE, CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 12/22/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0883/19 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name BORTNICK, BERNARD 3000 NORTH UNIVERSITY DRIVE, SUITE E Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 Suite, Apt. #, etc. 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 agenty 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 at DATE SIGNATURE . Appear triest). (NOTE: Registered Agent signature require t when recestating 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BORTNICK, BERNARD 3000 NORTH UNIVERSITY DRIV CORAL SPRINGS FL 200002856782-- 2 -04/29/93--01093--006 \*\*\*\*/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 | 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 onth, 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

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