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

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TALLAHASSEE FLORIDA

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LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M93000000006**

AVENUE PLAZA LLC, L.C.
2111 ST. CHARLES AVENUE
NEW ORLEANS LA 70130

1a. Principal Place of Business Address

2111 ST. CHARLES AVENUE
NEW ORLEANS LA 70130

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 11/12/1993
3a. State of Formation: LA
4. FEI Number: 72-1231104 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 05/18/1998
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
KOSMAS, JAMES M P.A. 111 LIVE OAK STREET NEW SMYRNA BEACH FL 32168	Name: Diana O'Loughlin Street Address (P.O. Box Number is Not Acceptable): 776 Driftwood Circle Suite, Apt. #, etc.: City: Ponte Vedra Beach FL Zip Code: 32082

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 Diana O'Loughlin DATE
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
Mgr	Richard C. Breeden	115 Long Wharf	Newport RI 02840
Asst. Mgr.	Eric Cotton	115 Long Wharf	Newport RI 02840

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****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 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: _____ 8/3/99 401-845-0119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)