File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M95000000362** 1a. Principal Place of Business Address TRALODGE I, L.L.C. % WAFRA INVESTMENT ADVISORY GROUP 9 WEST 57TH STREET, 38TH FLO 9 WEST 57 ST., 38TH FLOOR 3800 NEW YORK NY 10019 NEW YORK NY 10019 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 12/08/1995 DESulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 13-3861295 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country S8 75 Additional Fee Required 03/12/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office COLLINS, THEDA J ESQ. C/O BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING ROAD FT. LAUDERDALE FL 33312 <del>20000</del>2468372---2 Sulte, Apt. #, etc. -037297**8**8c∞01092--018 City \*\***FL**188.75 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 (Rugistered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 9 WEST 57TH STREET, 38TH F NEW YORK NY MGRM TR HOLDINGS, INC. And a 11. I do he bely certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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. In Houses Inc. AssTSERT SIGNATURE: 6055-256(212)

SIGNATURE AND TWO DIOR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER