File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 98 MAR 25 PM 1: 43 1998 **DIVISION OF CORPORATIONS** SECKLIAKY OF STATE FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000115** 1a. Principal Place of Business Address COLONY BRICKELL GENPAR, L.C. 1999 AVENUE OF THE STARS, SUITE 1200 LOS ANGELES CA 90067 1999 AVENUE OF THE STARS, SU LOS ANGELES CA 90067 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 03/06/1997 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number -46 19173 Applied For City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Lee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CORPORATION SERVICE , COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 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 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 . (Registered Agent Accepting Apon niment) (NOTE Registered Agent signature required when rainstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code COLONY DEVELOPMENT HOL 1999 AVENUE OF THE STARS, MGRM LOS ANGELES CA 00002475740--3 -04/01/88--01086--010 \*\*\*\*188.75 \*\*\*\*188.75 11. You 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 COLONY DEVELOPMENT HOLDINGS /Inc., sole member; By: CSD Genpar, Inc., general partner

Y: MARK M.
SIGNATUR AND TYPED OR PAINFED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Mark M. Hedstrom, V.P.

310-282-8820