File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT 98 MAR 19 PM 3: 39 Secretary of State DIVISION OF CORPORATIONS 1998 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 **DOCUMENT #** of Limited Liability Company M97000000723 1a. Principal Place of Business Address SOUTH FLORIDA STADIUM MANAGEMENT, L.L.C. C/O SOUTH FLORIDA SOCCER, L. C/O SOUTH FLORIDA SOCCER, L.P. 496 NORTH LAKE WAY 496 NORTH LAKE WAY PALM BEACH FL 33480 PALM BEACH FL 33480 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 0/31/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 65-0816480 City & State City & State Not Appilcable APPLIED FOR 6. Certificate of Status Desired 5. Date of Last Report Country Zip Zip Country \$8.75 Additional Fee Required: 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., IN Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301 Suite, Apt. #, etc. Zip Code City 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. DATE _ SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** Managing Members/Managers 10. Title PALM BEACH FL 496 NORTH LAKE WAY SOUTH FLORIDA SOCCER, MGR 500002464295--6 -03/20/96--01126--024 ****188.75 ****188.75 1 11º 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE: