
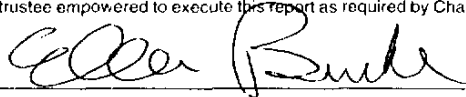


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000000874</b>  <del>ROCKWOOD REALTY ASSOCIATES, I.L.C.</del> <del>ADMIRALTY II BUILDING, 3RD FLOOR</del> <del>4400 PGA BOULEVARD</del> PALM BEACH GARDENS FL 33410		1a. Principal Place of Business Address  <del>ADMIRALTY II BUILDING, 3RD F</del> <del>4400 PGA BOULEVARD</del> PALM BEACH GARDENS FL 33410	
2. Principal Place of Business 3801 PGA Boulevard Suite, Apt. #, etc. Suite 805 City & State Palm Beach Gardens, FL. Zip 33410 Country USA		2a. Mailing Address 3801 PGA Boulevard Suite, Apt. #, etc. Suite 805 City & State Palm Beach Gardens, FL. Zip 33410 Country USA	
3. Date Organized or Qualified 08/12/1998		3a. State of Formation DE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number 58-2407679		5. Date of Last Report	
7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required Where Required)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MAGEE, JOHN W	<del>4400 PGA BLVD., ADMIRALTY I</del> 3801 PGA Blvd, Suite 805	PALM BEACH GARDENS F
MGRM	LEWIS, NEIL	<del>4400 PGA BLVD., ADMIRALTY I</del> 3801 PGA Blvd, Suite 805	PALM BEACH GARDENS F
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.  <b>SIGNATURE:</b>  4/12/99 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY, MANAGING MEMBER OR MANAGER</small>			