
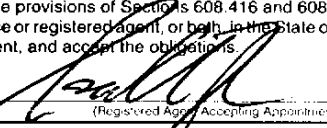
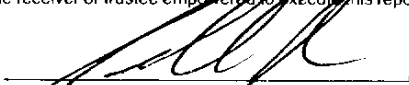


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 19 PM 3: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M98000000953		1a. Principal Place of Business Address	
KENDALL SUMMIT/FREAM L.L.C. 4601 PONCE DELEON BLVD., SUITE 300 CORAL GABLES FL 33146				4601 PONCE DELEON BLVD., SUI CORAL GABLES FL 33146	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/31/1998	
City & State		City & State		3a. State of Formation	
Zip		Country		DE	
				4. FEI Number	
				65-0860763	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				S8 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name ISAC K. FISHER	
				Street Address (P.O. Box Number is Not Acceptable) 4601 Ponce de Leon Blvd.	
				Suite, Apt. #, etc. Suite 300	
				City Coral Gables FL	
				Zip Code 33146	
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 3/3/99	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing)					
10. Title		Managing Members/Managers		Business Street Address	
MGRM		KENDALL SUMMIT INVESTO		4601 PONCE DELEON BLVD., S	
				Coral Gables FL	
				600002823956--8	
				-03/30/99--01077--010	
				****188.75 ****188.75	
				3-25-99	
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:				3/3/99 305-683-1633	
		SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	