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|  |                                       |   |  | •   |   |   |   |                  |   |  |
|--|---------------------------------------|---|--|---|---|---|---|------------------|---|--|
| File on<br><u>subj</u> ec  | or before<br>t to a \$40              | e May 1, 19<br>00.00 LATE               | 99 or Limit<br>FEE.  | ed Liability C                                | ompany wil  | l be  | FH  | .ED              |   |  |
| <del></del>  |                                       | Katheri<br>Secreta                      | LORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |   | 99 JUL -7 AH 9: 24  |   |   |                  |   |  |
| FILING<br>\$188.   |                                       |   |  | 75 Corporation Su<br>RIDA DEPARTM             |   |   | a Unikun  | Fléni            | AL  |  |
| 1. Name:<br>of Limit   | and Mailing Ad<br>ted Liability Co    | kiress<br>Impany Di                     | OCUMEN   | IT # M9800                                    | 00001273  |   |   |                  |   |  |
| c/o 1  | Atlanti<br>South E                    | ic Capit<br>Flagler                     | St. Clou<br>al Group<br>Drive Su<br>L 33401  | ite 800 W                                     | lest  | 1a. Principal Pl                                    | ace of Business   | . 1              |   |  |
|  | Place of Busi                         |   |  | lling Address                                 |   |   | 3. Date Organización Qualified   3a. State of Formation |                  |   |  |
| Suite, Apt.  | <b>#. et</b> c.                       |   | Suite, /   | Suite, Apt #, etc.                            |   | 10 3C   | 198   | Delaw            | are                                       |  |
|  |                                       |   |  |   |   | 65-0851   | 992   | _                | Applied For                               |  |
| City & Stat  | •                                     |   | City & S   | City & State                                  |   | 03 0031   |   |                  | Not Applicable                            |  |
| Zip  | · · · · · · · · · · · · · · · · · · · | Country                                 | Zip  | Ċ.  | ountry  | 5. Date of Last I                                   |   | •                | of Status Desired                         |  |
|  | 7. Name                               | and Address of (                        | Current Registers  | d Agent                                       |   | B. Name and Address                                 | <del></del>   |                  |   |  |
| Pame:  | la J. V                               | Valdorf,                                | Esq.   |   | Name  |   |   |                  |   |  |
| Street Address (P  |                                       |   |  |   | O. Box Number is Not Acceptable) p, Stimson, Putnum & Roberts |   |   |                  |   |  |
| Suite, Apt. #, etc.  |                                       |   |  |   | no.   |   |   |                  |   |  |
| 125 Wort   |                                       |   |  | rth Avenu                                     | ch Avenue, Suite 310  |   |   |                  |   |  |
|  |                                       |   |  |   | Palm B  | each, FL  | _ FL  | 33480            | _   |  |
| its register   | ed office or re                       | gistered agent, or<br>diagent, and acce | both, in the State of the obligations.   | 5, Florida Statutes, the of Florida. Such ch. | e above-named limit<br>ange was authorized                    | led liability company s<br>d by affirmative vote of | of a majority of  | the members.     | urpose of changing<br>I hereby accept the |  |
| SIGNATUI   | RE                                    | amela                                   | Accontinent)/fix   | OTE: Registered Agent                         | Signature required when                                       | ( reinstation)                                      | DATE  | 12/99            |   |  |
| 10. Title  | Man                                   | raging Members/k                        | Aanagers   |   | Business Street Addr  | ess   | C   | ity, State and Z | ip Code                                   |  |
| MGRM   |                                       | ic Capit<br>uan S. T                    | · ·  | p 777 Sout<br>Suite 80                        | •   | r Drive   | WPB, F  | L 334            | 01  |  |
|  | 0,0 0                                 |   | warry  | Cures of                                      | oo wese   | 90  | booz  | 9369             | 3593                                      |  |
|  |                                       |   |  |   |   |   | 1 -07/20  | 0/9901           | 095014<br>****188.75                      |  |
|  |                                       |   |  |   |   | 90  | 000a<br>-07/2   | 20/990           | 1095015                                   |  |
|  |                                       |   |  |   |   |   | ****  | ***8.75          | *****8.7\$                                |  |
| ,  |                                       |   |  |   |   |   |   |                  |   |  |
|  |                                       |   |  |   |   |   |   |                  |   |  |
| 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? am a managing member or manager of the limited liability company or the receiver or flustee 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 any address. |                                       |   |  |   |   |   |   |                  |   |  |
| SIGN   | ATURE                                 |   | us. W  |   |   | g MGRM 7  | 12/95   |                  | 320-9401                                  |  |
|  |                                       | \$IGNATURE AN                           | O TYPED OR PRINT   | TED NAME OF SIGNING                           | 3 Managing Member   | R OR MANAGER  | Date  | Day              | ime Phone #                               |  |

INHSE 10 R (12-98) STF PL82382F.1



## WINTHROP, STIMSON, PUTNAM & ROBERTS

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II33 CONNECTICUT AVENUE, N.W. WASHINGTON, DC 20036 TELEPHONE: 202-775-9800 TELEFAX: 202-833-849I

695 EAST MAIN STREET STAMFORD, CT 06904-6760 TELEPHONE: 203-348-2300 TELEFAX: 203-965-8226 125 Worth Avenue Palm Beach, FL 33480

Telephone: 561-655-7297 Telefax: 561-833-6726

July 8, 1999

2 THROGMORTON AVENUE LONDON EC2N 2DL ENGLAND TELEPHONE: 011-44171-628-4931 TELEFAX: 011-44171-638-0443

RUE DU TACITURNE 42 B-1000 BRUSSELS, BELGIUM TELEPHONE: 011-322-230-1392 TELEFAX: 011-322-230-9288

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3 GARDEN ROAD, CENTRAL, HONG KONG
TELEPHONE: OII-852-2530-3400
TELEFAX: OII-852-2530-3355

Ms. Brenda Tadlock Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: Annual Report Savannah Court of St. Cloud, LLC

Dear Ms. Tadlock:

Pursuant to our telephone conversation, this letter is to confirm that the filing of the annual report for Savannah Court of St. Cloud, LLC (the "Company") has been filed at this late date due to failure of the Company to receive the annual report from the Department of State Division of Corporations. As a result, I was informed by your office that the company would not be required to pay the additional late fee to establish the company's good standing within the State of Florida.

Please do not hesitate to contact me if you require additional information.

Thank you for your assistance with this matter.

Very truly yours,

Pamela J. Waldorf

**PJW** 

cc: Mr. Chuan S. Wang