


**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90037 023 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000035082</b> 1. Corporation Name <b>AVATAR AT PRESIDENTIAL ESTATES, INC.</b>					
Principal Place of Business 255 ALHAMBRA CIR CORAL GABLES FL 33134			Mailing Address 255 ALHAMBRA CIR CORAL GABLES FL 33134		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 201 Alhambra Circle Suite, Apt. #, etc. 22 12th Floor City & State 23 Coral Gables, Florida Zip Country 24 33134 25			2a. Mailing Address 26 201 Alhambra Circle Suite, Apt. #, etc. 27 12th Floor City & State 28 Coral Gables, Florida Zip Country 29 33134 30		
3. Date Incorporated or Qualified 04/16/1998			4. FEI Number 65-0836623		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Name and Address of Current Registered Agent KERRIGAN, JUANITA I 255 ALHAMBRA CIR CORAL GABLES FL 33134			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle 83 12th Floor 84 City Coral Gables FL 85 Zip Code 33134		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE NAME MCNAIRY, CHARLES L STREET ADDRESS 255 ALHAMBRA CIR CITY-ST-ZIP CORAL GABLES FL 33134			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 201 Alhambra Circle 12th Floor 1.4 CITY-ST-ZIP Coral Gables, Florida 33134		
TITLE D <input type="checkbox"/> DELETE NAME GETMAN, DENNIS J STREET ADDRESS 255 ALHAMBRA CIR CITY-ST-ZIP CORAL GABLES FL 33134			2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 201 Alhambra Circle 12th Floor 2.4 CITY-ST-ZIP Coral Gables, Florida 33134		
TITLE D <input type="checkbox"/> DELETE NAME KERRIGAN, JUANITA I STREET ADDRESS 255 ALHAMBRA CIR CITY-ST-ZIP CORAL GABLES FL 33134			3.1 TITLE VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 201 Alhambra Circle 12th Floor 3.4 CITY-ST-ZIP Coral Gables, Florida 33134		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: Juanita I. Kerrigan **FILED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 JUANITA I. KERRIGAN

4/23/99 (305) 442-7000  
 Date Daytime Phone #

CR2E034 (11/98)