


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 FEB -5 AM 9:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #Z00059
 WESTVIEW MANOR APARTMENTS L.C.
 2601 S. BAYSHORE DR.
 SUITE 600
 MIAMI FL 33133

1a. Principal Place of Business Address
 2601 S. BAYSHORE DR.
 SUITE 600
 MIAMI FL 33133

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Organized or Qualified 11/10/1988
 3a. State of Formation FL
 4. FEI Number 65-0080714
 Applied For
 Not Applicable
 5. Date of Last Report 02/15/1996
 6. Certificate of Status Desired
 SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent
 KRINZMAN, RICHARD N.
 2601 S. BAYSHORE DR.
 SUITE 600
 MIAMI FL 33133

8. Name and Address of New Registered Agent
 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KRINZMAN, RICHARD N.	2601 S. BAYSHORE DR. SUITE	MIAMI FL
MGRM	KRINZMAN, ALAN E.	2601 S. BAYSHORE DR. SUITE	MIAMI FL
M	BELLER, LYNN	10300 W. BROADVIEW DR.	BAY HARBOR ISLDS FL

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 *****203.75 *****203.75

[Handwritten Signature]
2/6/97

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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
 Date 1/23/97
 Daytime Phone # 305-657-7700