File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 22 PM 2: 19 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # 200107** 1a. Principal Place of Business Address TWO TWENTY ALHAMBRA, L.C. 220 ALHAMBRA CIRCLE, SUITE 600 220 ALHAMBRA CIRCLE, SUITE 6 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 06/01/1989 TT. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0130088 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 03/16/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name EDELSTEIN, EMANUEL 220 ALHAMBRA CIRCLE, SUITE 600 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above named limited hability 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 Appaint next): (NOTE: Registered Agent signature required when rest stating 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MIAMI BCH FL MGRM EDELSTEIN, EMANUEL 3475 PRAIRIE AVE MEM EDELSTEIN, KLARA 3475 PRAIRIE AVE MIAMI BCH FL MGRM KRACAUER, JOSEPH 189 EATON CRESCENT HAMPSTEAD, QUEBEC, CAN MEM KRACAUER, LEAH 189 EATON CRESCENT HAMPSTEAD, QUEBEC, CAN 500002789015---6 -02/26/39--01092--005 ****197.50 ****197.50 11. Ido 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 AND TYPED OF PHINTED NAME OF SIGNAM MANAGERS MEMBER OF MANAGE

SIGNATURE:

INHSE 10 R (12-98)

TEL. 305-460-2022