File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY A FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 98 MAY -1 PM 2: 52 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** 1a. Principal Place of Business Address AIRPORT WEST DEVELOPMENT, L.C. 7400 S.W. 107 AVENUE 7400 S.W. 107 AVENUE MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 05/30/1990 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0247641 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 04/14/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name GRECO, ERNESTO R Street Address (P.O. Box Number is Not Acceptable) 7400 SW 107TH AVENUE 100002514281--0 -05/06/98--01133--001 MIAMI FL 33173 Suite, Apt. #, etc. ****188.75 ****188.75 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 _ (Registured Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code M GRECO, ERNESTO R 7400 S.W. 107 AVENUE MIAMI FL M 7400 S.W. 107 AVENUE GRECO, RODOLFO MIAMI FL APR - 4 1998

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.

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

SIGNATURE:

HIR AND TYPED OF PRINTE NAME OF SIGNING MANAGING MEMBER OF MANAGE

4/28/98 (304)273-8796