


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	
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 RONAN MIAMI, L.C. 215 SOUTHWEST LEJEUNE ROAD MIAMI FL 33134-1799		DOCUMENT #200238 1a. Principal Place of Business Address 215 SOUTHWEST LEJEUNE ROAD MIAMI FL 33134 <i>MWB</i>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
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 06/07/1990 4. FEI Number 65-0196214 5. Date of Last Report 04/22/1996	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent DAVID, MARYANN Y 215 SOUTHWEST LEJEUNE ROAD MIAMI FL 33134		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
M	ROSEN, NORMAN S.	215 S.W. LEJEUNE ROAD	MIAMI FL
M	ROSEN, CLIFFORD	215 S.W. LEJEUNE ROAD	MIAMI FL
<div style="text-align: right;">100002125271-2 -03/26/97--01125--012 ****203.75 ****203.75</div>			
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 stated 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 attached sheet with an address.			
SIGNATURE: <i>Norman Rosen</i>		Date: <i>3/5/97</i> Daytime Phone #: <i>3054465663</i>	