



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 MAY -1 PM 1:42 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 # 200366		1a. Principal Place of Business Address	
GATOR 175TH STREET, L.C. 2250 NE 163RD ST. SUITE 6 N. MIAMI BCH. FL 33160				2250 NE 163RD ST. SUITE 6 N. MIAMI BCH. FL 33160	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/28/1991	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		65-0279015	5. Date of Last Report
				05/01/1996	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
GOLDSMITH, JAMES A. 2250 NE 163RD ST. SUITE 6 N. MIAMI BCH. FL 33160			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 _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
M	GOLDSMITH, JAMES A.	2250 NE 163RD ST., S-6		N MIAMI BCH. FL	
M	GOLDSMITH, WILLIAM	2250 NE 163RD ST., S-6		N MIAMI BCH. FL	
M	MISKA, DOUGLAS	2250 NE 163RD ST., S-6		N MIAMI BCH. FL	
600002169676--4 -05/07/97--01075--018 ****203.75 ****203.75 					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: _____		James A. Goldsmith, President		4-28-97 305-949-9049	
_____		_____		_____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	