


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 APR -3 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # 200676</b> <b>CARNICON-PUERTO RICO MANAGEMENT ASSOCIATES</b> <b>, L.C.</b> <b>3250 MARY STREET</b> <b>SUITE 500</b> <b>MIAMI FL 33133</b>
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1a. Principal Place of Business Address <b>3250 MARY STREET</b> <b>SUITE 500</b> <b>MIAMI FL 33133</b>	
3. Date Organized or Qualified <b>10/22/1992</b>	3a. State of Formation <b>FL</b>
4. FEI Number <b>65-0364034</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <b>05/01/1996</b>	6. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent <b>PELTZ, ARVIN</b> <b>3250 MARY STREET</b> <b>SUITE 500</b> <b>MIAMI FL 33133</b>
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8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4000002134264--3</b> Suite, Apt. #, etc. <b>-04/04/97--01110--008</b> <b>****203.75 ****203.75</b> City <b>FL</b> Zip Code
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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
MG	WEISER, SHERWOOD M.	3250 MARY STREET, # 501	MIAMI FL
MG	LEFTON, DONALD E.	3250 MARY STREET, # 501	MIAMI FL
MG	STURGES, ROBERT B.	3250 MARY STREET, #501	MIAMI FL
MG	HEWITT, THOMAS F.	3250 MARY STREET, #501	MIAMI FL
MG	SIBLEY, PETER L.	3250 MARY STREET, #501	MIAMI FL
MGR	TEMLING, PETER W.	3250 MARY STREET, #501	MIAMI FL
MEM	CSMC-MANAGEMENT SERVICES, INC.	3250 MARY STREET, #501	MIAMI FL
MEM	CSMC OF PUERTO RICO, INC.	3250 MARY STREET, #501	MIAMI FL

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:** *W. Peter Temling* **2/5/97** **(305) 445-2493**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #