

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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SEARCHED
SERIALIZED 04/19/99 05

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L93000000221 ORANGE AVENUE DRENCH, L.C. P.O. DRAWER 670 FORT PIERCE FL 34954	1a. Principal Place of Business Address 2000 N KINGS HWY FT PIERCE FL 34951
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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 07/15/1993	3a. State of Formation FL	4. FEI Number 65-0418747 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report 03/30/1998	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent MINTON, JOHN L 2000 N KINGS HWY FT PIERCE FL 34951	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL <i>MUSA</i></div>
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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: *[Signature]* DATE: *2/18/99*

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MAN	MINTON, JOHN L	2000 N KINGS HWY	FT PIERCE FL

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 ****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: *[Signature]* DATE: *2/18/99*