

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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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 APR 26 AM 1:32

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

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000220 GLEN OAKS OF TALLAHASSEE, L.C. 615 CRESCENT EXECUTIVE CT., SUITE 120 LAKE MARY FL 32746 <i>94-AR CM</i>	1a. Principal Place of Business Address 615 CRESCENT EXECUTIVE CT., LAKE MARY FL 32746
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2. Principal Place of Business 615 Crescent Executive Court		2a. Mailing Address	
Suite, Apt. #, etc. Suite 120		Suite, Apt. #, etc.	
City & State Lake Mary, Florida		City & State	
Zip 32746	Country	Zip	Country

3. Date Organized or Qualified 03/17/1995	3a. State of Formation FL
4. FEI Number 65-0718187	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 12/31/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent GRAY, N. DWAYNE ESQ. 135 WEST CENTRAL BLVD., SUITE 1100 ORLANDO FL 32801
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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
FL	

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
MGRM	BORCK, TODD	615 CRESCENT EXECUTIVE CT. Suite 120	LAKE MARY FL 32746
MGRM	WILLNER, STUART	499 BOYNTON BAY CIRCLE 1117 Russell Drive	BOYNTON BEACH FL Highland Beach, FL 33487

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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: *Todd Borck* 4-20-99 407-333-3283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER