


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		FILED 99 APR 12 PM 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L97000000458			
1. Name and Mailing Address of Limited Liability Company J.E.M. SANIBEL LIMITED LIABILITY COMPANY 2340 PERIWINKLE WAY, SUITE I-2 SANIBEL ISLAND FL 33957		1a. Principal Place of Business Address 2340 PERIWINKLE WAY, SUITE I-2 SANIBEL ISLAND FL 33957			
2. Principal Place of Business 1648 Periwinkle Way Suite, Apt. #, etc. Suite B City & State Sanibel, FL Zip 33957		2a. Mailing Address 1648 Periwinkle Way Suite, Apt. #, etc. Suite B City & State Sanibel, FL Zip 33957		3. Date Organized or Qualified 04/29/1997 3a. State of Formation FL	
		4. FEI Number 65-0842234		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report 12/23/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent COLIMAN, RICHARD A 2340 PERIWINKLE WAY SUITE I-2 SANIBEL ISLAND FL 33957			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 1648 Periwinkle Way Suite, Apt. #, etc. Suite B City Sanibel		
			Zip Code FL 33957		
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. Thereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <i>Richard A. Colman</i>			DATE 3-12-99		
<small>(Registered Agent Accepting Appointment) (Not Required Agent Signature Required Where Indicated)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRN	MILLS, JOHN	2340 PERIWINKLE WAY SUITE		SANIBEL ISLAND FL	
MGRN	MILLS, BRIGITTE	2340 PERIWINKLE WAY SUITE		SANIBEL ISLAND FL	
500002842065-3 -04/16/99-01093-020 ***188.75 ***188.75 <i>SL</i> <i>4-15-99</i>					
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: <i>John Mills</i> JOHN MILLS		
			DATE: 18/3/99 04-0148320406		