

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---

FILED
 98 MAY -1 PM 2:22
 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
--------------------------------	---

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000994 A & M PROPERTY SERVICES, L.C. P.O. BOX 276 PONTE VERDE BEACH FL 32004 Vedra	98-AR CM
--	-------------

1a. Principal Place of Business Address 611 PONTE VERDE BLVD., APT. PONTE VERDE BEACH FL 32004
--

2. Principal Place of Business Ponte Vedra Beach FL Suite, Apt. #, etc. P.O. Box 276 City & State Ponte Vedra Beach Zip 32082 Country USA	2a. Mailing Address A&M Property Services L.C. Suite, Apt. #, etc. P.O. Box 276 City & State Ponte Vedra Beach FL Zip 32082 Country USA	3. Date Organized or Qualified 09/10/1997	3a. State of Formation FL	4. FEI Number 59-3466824 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
--	--	--	------------------------------	--	--

7. Name and Address of Current Registered Agent AWERDICK, MARC R 611 PONTE VERDE BLVD., APT. 1308 PONTE VERDE BEACH FL 32004

8. Name and Address of New Registered Agent/Office 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	AWERDICK, MARC R	611 PONTE VERDE BLVD., APT	PONTE VERDE BEACH FL
MGRM	MICHALS, STEPHEN	611 PONTE VERDE BLVD., APT	PONTE VERDE BEACH FL

200002516642--0
 -05/08/98--01016--012
 ****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 609, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Marc Awerdick Man Michals 4-28-98 280-3048 2198
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #