


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
 99 MAY -7 AM 11:18
 STATE DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000001078 MERCHANT BANK TWO, L.C. 1044 CASTELLO DRIVE, SUITE 211 NAPLES FL 34103
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1a. Principal Place of Business Address 1044 CASTELLO DRIVE, SUITE 2 NAPLES FL 34103
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2. Principal Place of Business Suite, Apt #, etc. City & State Zip	2a. Mailing Address Suite, Apt #, etc. City & State Zip	3. Date Organized or Qualified 09/24/1997	3a. State of Formation FL
		4. FEI Number 59-3488457	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/29/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent JEFFRIES, DAVID M 220 SOUTH FRANKLIN STREET TAMPA FL 33602

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 <p style="text-align: center;">FL</p>
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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. Thereby accept the appointment as registered agent, and accept the obligations

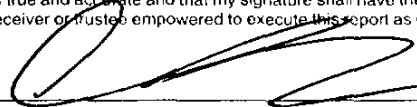
SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (If Not Registered Agent Signature Required Where No Change)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	MB2 MANAGEMENT CORP.,	CASTELLO DRIVE, SUITE 211	NAPLES FL

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 -05/20/99--01010--014
 ****188.75 ****188.75

5-13-99

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:  *DAVID M. JEFFRIES* *4/29/99*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MEMBER OR MEMBER OF BOARD