


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	
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 BARTLETT PARK NEIGHBORHOOD REDEVELOPMENT, L.C. 400 NORTH ASHLEY DRIVE FL1-010-02-07 TAMPA FL 33602		DOCUMENT # L98000000128		1a. Principal Place of Business Address 400 NORTH ASHLEY DRIVE FL1-010-02-07 TAMPA FL 33602	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 01/30/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State		4. FEI Number 59-3495254	
Zip		Country		5. Date of Last Report	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 _____	
<small>(Registered Agent Accepting Appointment) (SOLE Registered Agent Signature Required when removing)</small>					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	NATIONSBANK COMMUNIT,	400 NORTH ASHLEY DRIVE	TAMPA FL		
200002868592-1 -03/07/99--01155--025 ****188.75 ****188.75 4/19/99					
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: <i>Margaret F. Storts</i> 4/19/99 (813)224-3700 <i>Margaret F. Storts</i>					