


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 MAR 19 PM 1:30 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 # L98000000784 MARSHALL FAMILY PROPERTIES, L.C. C/O STEWART A. MARSHALL, III 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO FL 32801		1a. Principal Place of Business Address C/O STEWART A. MARSHALL, III 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO FL 32801	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Organized or Qualified 06/12/1998	3a. State of Formation FL
		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent MARSHALL, STEWART A III 255 SOUTH ORANGE AVENUE, CITRUS CENT SUITE 1700 ORLANDO FL 32801		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: _____	
		188.75 000002819050-3 -03/25/99--01115--000 ***188.75 ***188.75 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) (NOTE: Registered Agent/Secretary of State or Corporation Counsel must file this)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GOGGENS-MARSHALL, MARY	405A Marshall III 255 SOUTH ORANGE AVENUE	ORLANDO FL 32801
MGRM	MARSHALL, STEWART A III	255 SOUTH ORANGE AVENUE	ORLANDO FL 32801
MGRM	MARSHALL BONHAM, BETSY	495 COURT STREET	ABINGDON VA 24210
dce			
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>Stewart A Marshall III</i>		3/7/99 (407) 419-8516	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED MANAGER, MEMBER OR MANAGER</small>			