
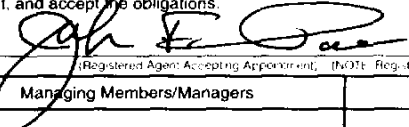
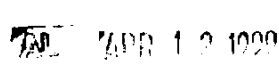
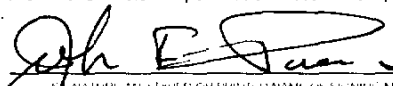


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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		DOCUMENT # L98000002207		1a. Principal Place of Business Address	
CARLEN REALTY, LLC 23 TARPON AVENUE TARPON SPRINGS FL 34689				23 TARPON AVENUE TARPON SPRINGS FL 34689	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/08/1998	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				59-1945125	
				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			8. Name and Address of New Registered Agent/Office		
WATERS, CODY W ESQ. 501 E. KENNEDY BLVD., #1900 TAMPA FL 33602			Name JOHN F. PACE		
			Street Address (P.O. Box Number is Not Acceptable) 23 E. TARPON AVE.		
			Suite, Apt. #, etc.		
			City TARPON SPRING FL		
			Zip Code 34689		
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 2/19/99		
<small>(Registered Agent Accepting Appointment) (NOT Registered Agent signature required when not changing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MARTIN, CAROL E	P.O. BOX 1879		TARPON SPRINGS FL	
MGR	GIBSON, STANLEY G	P.O. BOX 1878		TARPON SPRINGS FL	
500002875905--8 -05/14/99--01087--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 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 			JOHN F. PACE		2/19/99 727-938-0160
<small>SIGNATURE ARE TYPED OR PRINTED NAME OF SPONSOR, MANAGING MEMBER OR MANAGER</small>					

FILED

99 MAY -6 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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