

2nd and **FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

 99 SEP -9 PM 1:45

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company	DOCUMENT # L98000002949 GULF FRONT BEACH, L.C. 775 SOUTH ILAKEE AVENUE LAKE ALFRED FL 33850
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1a. Principal Place of Business Address 775 SOUTH ILAKEE AVENUE LAKE ALFRED FL 33850
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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 11/20/1998	3a. State of Formation FL
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4. FEI Number 59-3545908	<input 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 HAZLETT, H. LYNN 775 SOUTH ILAKEE AVENUE LAKE ALFRED FL 33850
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	300002989548-- 09471799--01037--014 ***588.75 ***588.75 FL Zip Code
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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. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HAZLETT, H. LYNN	775 SOUTH ILAKEE AVENUE	LAKE ALFRED FL

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: *H. Lynn Hazlett* H. Lynn Hazlett 9-3-99 941-956-9007