

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

FILLED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 APR - 1 AM 8: 27

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 WB STAGE 16, L.L.C. 6100 DEACON DRIVE WINDERMERE FL 34786	DOCUMENT # M98000001564
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1a. Principal Place of Business Address 6100 DEACON DRIVE WINDERMERE FL 34786

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 12/22/1998	3a. State of Formation DE
Country	Country	4. FEI Number 59-3545191	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" 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
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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 _____

10. Title	Managing Members/Managers	Business Street Address	City State and Zip Code
MGR	PIERCY, TYLER	6100 DEACON DRIVE	WINDERMERE FL
MGR	O'RIORDAN, GERARD	6100 DEACON DRIVE	WINDERMERE 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: *Cytle Harris* *Tyler Percy* 3/25/99 407-345-5113