
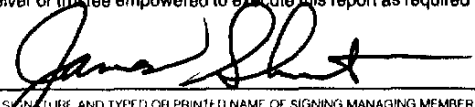


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAR 17 PM 2:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000818 GULF SHORE HIDEAWAY, I.C. 1801 GULF SHORE BLVD NORTH NAPLES FL 34102		1a. Principal Place of Business Address 1801 GULF SHORE BLVD NORTH NAPLES FL 34102			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business <i>NO</i> 1801 GULF SHORE BLVD Suite, Apt. #, etc.		2a. Mailing Address <i>NO</i> 1801 GULF SHORE BLVD Suite, Apt. #, etc.		3. Date Organized or Qualified 08/01/1996	
City & State NAPLES FL		City & State NAPLES FL		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34102		Country C		5. Date of Last Report 59-3394921	
7. Name and Address of Current Registered Agent PASSIDOMO, JOHN M 821 5TH AVE SOUTH STE 201 NAPLES FL 34102		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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 signature required when reinstating)</small>					
10. Title	Managing Members/Managers		City, State and Zip Code		
MEM	SHUCART, JAMES		1801 GULF SHORE BLVD NO		NAPLES FL 34102
MEM	PROPERTY CONSULTANTS, I		O BOX 11718 N/A		ST LOUIS MO
			O BOX 11718 N/A		ST LOUIS MO
			209 GLEN RIDGE		
			ST LOUIS MO 63105		N/A
					800002118188--0 -03/19/97--01036--003 ****203.75 ****203.75 3/17-97
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					
<small>Date Daytime Phone #</small>					