



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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 FEB 19 PM 3: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b> <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000001882</b>  PINELOCH ACQUISITIONS COMPANY, L.C. POST OFFICE BOX 568367 ORLANDO FL 32856-8367				1a. Principal Place of Business Address  260 W. PINELOCH STREET ORLANDO FL 32806	
2. Principal Place of Business 260 W. PINELOCH ST. Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 09/17/1998	
City & State ORLANDO FL		City & State ORLANDO FL		3a. State of Formation FL	
Zip 32806		Country ORANGE		4. FEI Number 59-3534399	
5. Date of Last Report N/A		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent  CARUSO, J. PAUL 260 W. PINELOCH STREET ORLANDO FL 32806			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		
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) (P.O.) (Registered Agent Signature Required When in State)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	CARUSO, J. PAUL	P.O. BOX 568367	ORLANDO FL		
9000002789099-6 -02/26/99--01096--001 ****188.75 ****188.75 36 2-24-99					
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: 		J. PAUL CARUSO		2/18/99 407-859-3550	