File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

	D LIABILITY COMPANY ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED 98 APR -3 PM 1: 23				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY OF STA TALLAHASSEE, FLORIDA			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9300000052						1		Z13(<u>i,) f-i</u>	
2000 N. WASHINGTON COMPLEX, L.C. P.O. BOX 698 SARASOTA FL 34230						1a. Principal Place of Business Address 3815 N OSPREY AVENUE SARASOTA FL 34234			
2. Principal Place of Business 2a. Mallin			ng Address			3. Date Organized or Qualified 3a. State			Formation
Sulte, Apt. #, etc. Suite			Apt. #, etc.			02/10/1 4. FEI Number	993	FL	·
City & State C			& State			Applied For State Applied For Not Applicable			
Zip Country Zip			Country			5. Date of Last Report		6. Certificate of Status Desired	
	7. Name and Address of Current I	Registered	Agent		R .	04/02/1 Name and Address			al fee Required
ELWE 3815 SARA	Street Address (P.O. Box Number Suite, Apt. #, etc.				is Not Acceptable) JDUD2482885- (-04/08/9801084017 ****18歳ご続。****188.75				
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			
MEM	ELWELL, ALAN	2231 SUNNYSIDE LANE				SARASOTA FL			
MEM		825 OAK POND DRIVE				OSPREY FL			
MEM	ROGERS, RUTH BULK	1255 GULFSTREAM APT, 10			T. 10	SARASOTA FL			
MEM	MILHOLLAND, JACK	6885 CORAL CIRCLE				SARASOTA FL			
MEM	ATCO, INC.	3815 N. OSPREY AVE.			i.	SARASC	TA FL		
		1	i						

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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

SIGNATURE AND TYPED OR PRINTED NAME

from M. Ewer

2/24/98 38

355-7019