

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L93000000214
TAMIAMI MANAGEMENT, L.C.
 P.O. BOX 35246
 SARASOTA FL 34242

1a. Principal Place of Business Address
 3233 N. SECLUSION DR
 SARASOTA FL 34239

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Organized or Qualified
 07/08/1993

3a. State of Formation
 FL

4. FEI Number
 65-0423080
 Applied For
 Not Applicable

5. Date of Last Report
 04/09/1998

6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
HESTER, GORDON
 3233 N. SECLUSION DR
 SARASOTA FL 34239

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) (or) (New Registered Agent/Office) (or) (Registered Agent/Office) (or) (Secretary of State)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROBERTI, JEFFREY	3233 N. SECLUSION DR	SARASOTA FL
MGR	HESTER, GORDON	3233 N. SECLUSION DR	SARASOTA FL

000002811098-51
 03/18/99-01096-010
 ***188.75 ***188.75

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 appointed 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:  (941) 955-4948
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER)