
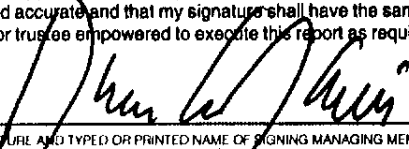


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 # 193000000225		FILED 97 FEB 28 AM 11:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
LAKEVIEW LANDINGS, L.C. P.O. BOX 622 HAINES CITY FL 33845		1a. Principal Place of Business Address		7722 S.R. 544, STE 215 WINTER HAVEN FL 33881	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/14/1993	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
Country		Country		59-3199154	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				04/02/1996	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$175 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
DAVIS, BRUCE A THE HERITAGE CENTRE BLDG. 7722 SR 544 HAINES CITY FL 33845 Winter Haven, FL 33881		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) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	DAVIS, BRUCE A	THE HERITAGE CENTRE BLDG. 7722 SR 544		Winter Haven FL 33881	
MEM	CARTER, DAVID C	141 5TH ST.		HAINES CITY FL WINTER HAVEN FL	
000002103230--5 -03/04/97--01025--005 ****203.75 ****203.75					
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 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: 		2/25/97		941/422-1713	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	