


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 22 AM 10:47

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company CREEKSIDE, L.C. P.O. BOX 1508 WINTER PARK FL 32790	DOCUMENT # 193000000398
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1a. Principal Place of Business Address 535 PARK AVE. N. STE. #224 WINTER PARK FL 32789

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 11/08/1993	3a. State of Formation FL
		4. FE# Number 59-3230505	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/06/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent WILLIAMS, WARREN E 28 WEST CENTRAL BOULEVARD ORLANDO FL 32801	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 32789
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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 _____
(The Registered Agent Accepting Appointment) (DO NOT Register Agent's signature required for this filing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WILLIAMS, WARREN E	28 WEST CENTRAL BLVD.	ORLANDO FL

3000002856743-3
04/25/99-01003-014
***188.75 ***188.75

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: _____ **03/08/99** **407-629-9082**
SIGNATURE AND CERTIFICATION OF STATE OF FLORIDA SECRETARY OF STATE