


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

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS</b>	<b>FILED</b> <b>97 MAY -5 PM 2: 07</b> <b>SECRETARY OF STATE TALLAHASSEE FLORIDA</b>	
<b>FILING FEE \$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>		
<b>1 Name and Mailing Address of Limited Liability Company</b>		<b>DOCUMENT #L93000000403</b>		
<b>GREAT OAKLAND LAND COMPANY, L.C. 13340 W. COLONIAL #240 WINTER GARDEN FL 34787</b>		<b>1a. Principal Place of Business Address</b> <b>1 PETRIS AVE OAKLAND FL 34760</b>		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
<b>2 Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Organized or Qualified</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>10/01/1993</b>
City & State		City & State		<b>FL</b>
Zip	Country	Zip	Country	<b>4. FEI Number</b>
				<b>59-3227528</b>
				<b>5. Date of Last Report</b>
				<b>12/23/1996</b>
				<b>6. Certificate of Status Desired</b>
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> See 2a Additional Fee Required
<b>7. Name and Address of Current Registered Agent</b>		<b>8. Name and Address of New Registered Agent</b>		
<b>WOODSON, THOMAS D 608 E. SILVERSTAR RD. OCOE FL 34761</b>		<b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b>  <b>Suite, Apt. #, etc.</b>  <b>City</b> <b>FL</b> <b>Zip Code</b>		
<b>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.</b>				
<b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>
MGR	WOODSON, TOM	608 E. SILVER STAR RD.		OCOE FL
MGR	FLEMING, BERNESE	13388 W. COLONIAL DRIVE		WINTER GARDEN FL
<b>9000002178969--9</b> <b>-05/14/97--01114--017</b> <b>****203.75 ****203.75</b>				
<b>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.</b>				
<b>SIGNATURE:</b> <i>Bernese Fleming</i>		<b>4-30-97</b>		<b>877-6887</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #