
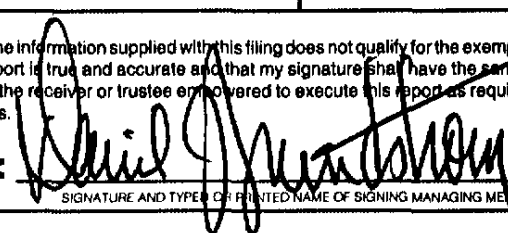


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 23 AM 11:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 #L94000000069 THE VILLAGE AT NETTLES ISLAND, LIMITED COM PANY 9803 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957				1a. Principal Place of Business Address 1596 S. FEDERAL HWY. STUART FL 34994	
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.		02/07/1994	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
Country		Country		65-0467262	
				5. Date of Last Report	
				02/12/1996	
				6. Certificate of Status Desired	
				SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent	
MCCARTHY, TERENCE P 2081 E. OCEAN BLVD. 2-A STUART FL 34996				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
				6000002152806-4 -04/29/97-01083-011 ****203.75 ****203.75 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	
MGRM	LUNDSTROM, DANIEL J	1596 S. FEDERAL HWY. 9803 So. Ocean Dr.		STUART FL Jensen Beach, FL 34957	
MEM	CHRIST, MICHAEL J	70 FOX TRAIL		LINCOLNSHIRE IL 60069	
MEM	RIEMER, J S	16N158 TYRRELL RD.		ELGIN IL 60123	
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: 		4/17/97		561-229-1300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	