


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

APPROVED  
AND  
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1997 MAR -3 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Wortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L94000000263
GERMAN PREMIER PROPERTIES LIMITED COMPANY 400 FIFTH AVE. S. #300 NAPLES FL 33940	

1a. Principal Place of Business Address
<del>400 FIFTH AVE. S.</del> <del>#300</del> <del>NAPLES FL 33940</del>

2. Principal Place of Business		2a. Mailing Address	
4001 Tamiami Trail N.			
Suite, Apt. #, etc. Suite 265		Suite, Apt. #, etc.	
City & State Naples, FL		City & State	
Zip 34103	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
06/10/1994	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0502609	
5. Date of Last Report	6. Certificate of Status Desired
03/11/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
NICKEL, GUDRUN M 350 FIFTH AVE S SUITE 200 NAPLES FL 33940

8. Name and Address of New Registered Agent	
Name Euro-American Consulting, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North	
Suite, Apt. #, etc. Suite 265	
City Naples	Zip Code FL 34103

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 *[Signature]* DATE 1/25/97  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	VERBRUGGEN, MAURICE	155058 WITNEY LANE	NAPLES FL
MGR			
MEM	VERBRUGGEN, EDITH	15508 WITNEY LANE	NAPLES FL
MGR			

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\*\*\*\*\*203.75 \*\*\*\*\*203.75

*268*  
*3/3/97*

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: <u><i>[Signature]</i></u> MAURICE VERBRUGGEN 01/30/97 (941) 594-5032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #