	ED LIABILITY COMPANY ANNUAL REPORT 1998		ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS		
\$ 188		To: FLOR	IDA DEPARTI		_ 98 M _	AR-2 AM11:03 / せかり	
of Limi		JMEN	L9400	0000263	ta. Principal Place of Bu	siness Address	
	GERMAN PREMIER PR 4001 TAMIAMI TRAI SUITE 265 NAPLES FL 34103	-	TIMII 69.	ED COMPANI	4001 TAMIAN SUITE 265 NAPLES FL 3		
2. Principal Place of Business 2a.		2a. Mai	. Malling Address		3. Date Organized or Qu	alified 3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06/10/1994 4. FEI Number	FLApplied For	
City & State		City & State		65-0502609 5. Date of Last Report	6. Certificate of Status Desired		
Zip	Country	Zip		Country		\$8.75 Additional Fee Required	
	7. Name and Address of Curre	nt Registered	l Agent	8. Name	Name and Address of New	Registered Agent/Office	
9. Pursua its register	red office or registered agent, or both, in i red agent, and accept the obligations. IRE	he State of Fic	orida. Such change	was authorized by affirm	d liability company submits th ative vote of a majority of the m DATE	Zip Code FL is statement for the purpose of changing nembers. I hereby accept the appointment	
10. Title Managing Members/Managers			OTE Registered Agent eignature required when remistating) Business Street Address			City, State and Zip Code	
MEM MEM			1550\$8 WITNEY LANE 15508 WITNEY LANE		NAE	NAPLES FL 34110 NAPLES FL 34110 6000024520961 -03/10/3801042003 *****188.75 *****188.75	
•						atutes. I further certify that the information n a managing member or manager of the it my name appears in Block 10, or on an	