4	d LIABILITY COMPA NNUAL REPORT 1999		ORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				
\$ 188.	75 Make Check F	ayable To: FLOR	IDA DEPARTME	NT OF STATE			
GERMAN PREMIER PROPERTIES LIMITED COMPA 4001 TAMIAMI TRAIL N. SUITE 265 NAPLES FL 34103					NY 1a. Principal Place of Business Address 4001 TAMIAMI TRAIL N. SUITE 265 NAPLES FL 34103		
2 Principa	al Place of Business	2a. Mai	2a. Mailing Address			ed or Qualified 994	3a. State of Formation FL
Suite, Apt	#, etc.	Suite, Ap	Suite, Apt. #, etc.				Applied For
City & State		City & S	City & State		65-0502	609	Not Applicable
Zip	Country	Zip	Cou	intry	5. Date of Last F 03/02/1		6. Certificate of Status Desired \$8 75 Additional Fee Required
	7. Name and Address	of Current Registered	l Agent	B. Name	I Name and Addres	s of New Regis	lered Agent/Office
its register as registe	red office or registered agent, or red agent, and accept the oblight	r both, in the State of Fle igations.	orida. Such change wa	s authorized by affirm:	ative vote of a majorit	FL ubmits this state by of the member	Zip Code ement for the purpose of changing is Thereby accept the appointmen
SIGNATURE			Non-Boastrol Agentsun Bus	Business Street Address		City, State and Zip Code	
мем	VERBRUGGEN,	MAURICE	-15508-WH 445 Dock	<del>ITNEY LAN</del> side Driv	<del>B</del> e, #303	NAPLE	S FL
мем	VERBRUGGEN, EDITH		15500 WITNEY LANE 445 Dockside Drive, #303			NAPLE	S FL
					90	0002 -03/0 *****)	<b>1794789-</b> ! 4/9901076014 188.75 ****188.75
indicated ( limited liat	on this annual report is true an	d accurate and that my	pignature shail have ti b execute this report as	he same legal effect a s required by Chapter	ns if made under oat!	n, that I am a ma is, and that my n	. I further certify that the informatio Inaging member or manager of th name appears in Block 10, or on a

INHSE10 R (12-98)