
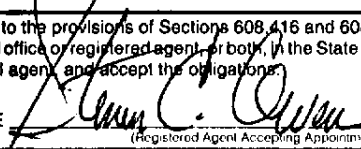


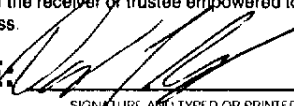
File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		

FILED
Mar 16 1998 8:00 am
Secretary of State

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000371 WESTMARK ASSOCIATES DEVELOPMENT COMPANY, INC. 4445 HWY A-1-A SUITE 150B VERO BEACH FL				1a. Principal Place of Business Address 4445 HWY A-1-A SUITE 150B VERO BEACH FL	
2. Principal Place of Business 4445 HWY A-1-A		2a. Mailing Address 4050 WESTMARK DRIVE		3. Date Organized or Qualified 08/03/1994	
Suite, Apt. #, etc. SUITE 240		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State VERO BEACH, FL		City & State DUBUQUE IA		4. FEI Number 59-3265255	
Zip 32963		Country US		5. Date of Last Report 03/17/1997	
7. Name and Address of Current Registered Agent MECHLING, CHARLES 4445 HWY A-1-A SUITE 150B VERO BEACH FL		8. Name and Address of New Registered Agent/Office Name STEVE OWEN Street Address (P.O. Box Number is Not Acceptable) 4445 HWY A-1-A Suite, Apt. #, etc. SUITE 240 City VERO BEACH FL Zip Code 32963			
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  STEVE OWEN (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)				DATE 3/6/98	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	FALB, MARK	4050 WESTMARK DRIVE		DUBUQUE IA	
MGMR	BAUER, DAVID C	4050 WESTMARK DRIVE		DUBUQUE IA	
MEM	MALONE, RONALD R	4050 WESTMARK DR		DUBUQUE IA	

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  David C. Bauer 3/4/98 319-589-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #