
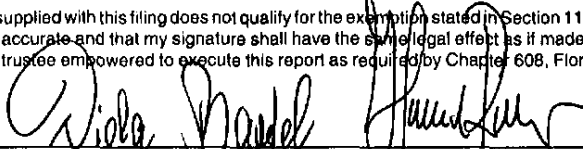


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000566 VIOLA'S PARADISE HOME I, L.C. ERNEST A. SEEMANN 1105 CAPE CORAL PARKWAY, E. CAPE CORAL FL 33904		1a. Principal Place of Business Address ERNEST A. SEEMANN 1105 CAPE CORAL PARKWAY, E. CAPE CORAL FL 33904	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 10/18/1994 4. FEI Number 65-0530581 5. Date of Last Report 02/10/1997	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> SR 75 Additional Fee Required
7. Name and Address of Current Registered Agent SEEMANN, ERNEST A 4729 DEL PRADO BLVD CAPE CORAL FL 33904		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 1105 Cape Coral Pkwy. East, Suite C Suite, Apt. #, etc. City Cape Coral Zip Code FL 33904	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	VIOLA'S PARADISE HOLDI	4729 DEL PRADO BLVD.	M CAPE CORAL FL
MGRM	ROHLEDER, HARALD W	3910 SE 20TH PLACE	CAPE CORAL FL
			400002471934--S -04/01/98--01039--014 ****188.75 ****188.75
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date _____ Daytime Phone # _____			