

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN -8 PM 2: 26

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris 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 # L94000000605 LEON AVENUE REDEVELOPMENT COMPANY, L.C. 1605 MAIN ST., SUITE 101 ATTN: MARY SCHULTZ SARASOTA FL 34236				1a. Principal Place of Business Address 1605 MAIN ST., SUITE 101 ATTN: MARY SCHULTZ SARASOTA FL 34236			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/08/1994		FL	
City & State		City & State		4. FEI Number		☐ Applied For ☐ Not Applicable	
Zip		Country		5. Date of Last Report		6. Certificate of Status Desired	
				05/22/1998		☒ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office			
RITCHEY, JAMES L WILLIAMS PARKER HARRISON DIETZ & GET 1550 RINGLING BLVD. SARASOTA FL 34236				Name <i>Marybeth F. Storts</i> Street Address (P.O. Box Number is Not Acceptable) <i>Nations Bank</i> <i>1100 N. Ashley Dr., 2nd Floor</i> Suite, Apt. #, etc. City <i>Tampa</i> FL Zip Code <i>33602</i>			
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 <i>Marybeth F. Storts</i>				DATE <i>6/4/99</i>			
10. Title Managing Members/Managers Business Street Address City, State and Zip Code							
MGR		NATIONSBANK COMMUNIT,		2001 SIESTA DR.		SARASOTA FL	
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: <i>Marybeth F. Storts</i>				4/19/99 (813) 224-3788 600002902896-0 -06/14/99-01008-002 ****188.75 ****188.75			