

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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 AUG 31 AM 9:06	
ANNUAL REPORT 1998					
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 # L94000000612			
Jaramar Daniels Road, L.C. P.O. Box 6966 Fort Myers, FL 33911				1a. Principal Place of Business Address P.O. Box 6966 Ft. Myers, FL 33911	
2. Principal Place of Business P. O. Box 6966 Suite, Apt. #, etc. N/A City & State Fort Myers, FL Zip 33911		2a. Mailing Address P.O. Box 6966 Suite, Apt. #, etc. N/A City & State Fort Myers, FL Zip 33911		3. Date Organized or Qualified 11/09/94 3a. State of Formation Florida 4. FEI Number 76-0469806 5. Date of Last Report 4/18/97	
				3a. State of Formation Florida 4. FEI Number 76-0469806 5. Date of Last Report 4/18/97	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent Thomas R. Cronin, Sr. 3591 Fowler Street Fort Myers, FL 33901		8. Name and Address of New Registered Agent/Office Name Thomas R. Cronin, Sr. Street Address (P.O. Box Number is Not Acceptable) 3591 Fowler Street Suite, Apt. #, etc. N/A City Fort Myers Zip Code FL 33901			
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		Thomas R. Cronin		DATE August 28, 1998	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
Manager/ CEO	Thomas R. Cronin, Sr.	3591 Fowler Street		Fort Myers, FL 33901	
Member	C.S.L. & G. Development, Ltd.	3591 Fowler Street		Fort Myers, FL 33901	
Member	Flordecio, Inc.	3591 Fowler Street		Fort Myers, FL 33901	
400002635714-5 -03/09/98-01078-014 ****597.50 ****597.50					
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: Thomas R. Cronin		(941) 936-8888		August 28, 1998	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	