


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

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999  |  |                                    |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>FILING FEE</b><br>\$ 188.75  |  | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee<br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE |  |  |  |
| 1. Name and Mailing Address<br>of Limited Liability Company   |  | DOCUMENT # L94000000641   |  |  |  |
| M & R OF NAPLES, L.C.<br>C/O 100 N. BISCAYNE BLVD.<br>21ST FLOOR<br>MIAMI FL 33132-2306   |  | 1a. Principal Place of Business Address<br>C/O 100 N. BISCAYNE BLVD.<br>21ST FLOOR<br>MIAMI FL 33132                |  |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |  | 3. Date Organized or Qualified   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  | 11/29/1994   |  |
| City & State  |  | City & State  |  | 4. FEI Number  |  |
| Zip   |  | Zip   |  | 65-0584187   |  |
| Country   |  | Country   |  | 5. Date of Last Report   |  |
|   |  |   |  | 04/15/1998   |  |
| 7. Name and Address of Current Registered Agent   |  | 8. Name and Address of New Registered Agent/Office  |  |  |  |
| BAUR, MILLER & WEBNER, P.A.<br>100 N. BISCAYNE BLVD.<br>21ST FLOOR<br>MIAMI FL 33132  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City                           |  |  |  |
|   |  | 900002840439-1<br>04/15/98-01083-015<br>***188.75 ***188.75   |  |  |  |
| 9. Pursuant to the provisions of Sections 606.416 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 03/16/99   |  |  |  |
| (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required When Fee is Due)  |  |   |  |  |  |
| 10. Title   |  | Managing Members Managers   |  | Business Street Address  |  |
| MGMR KRUG, ROLAND   |  | HAUSERWEG 6   |  | City, State and Zip Code   |  |
| MGMR KRUG, MARLIES  |  | HAUSERWEG 6   |  | 82541 MUENSING, GERM   |  |
|   |  |   |  | 82541 MUENSING, GERM   |  |
| 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   |  | 03/16/99  |  |  |  |
| (Registered Agent Signature Required When Fee is Due)   |  |   |  |  |  |