


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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L94000000643</b> FARREN INVESTMENT GROUP, L.C. 400 7TH AVE. SOUTH NAPLES FL 33940 34102		<b>1a. Principal Place of Business Address</b> 400 7TH AVE. SOUTH NAPLES FL 33940 34102	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>3. Date Organized or Qualified</b> 11/29/1994		<b>3a. State of Formation</b> FL	
<b>4. FEI Number</b> 65-0538523		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b> 04/03/1998		<b>6. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b> FARREN, PEGGY 400 7TH AVE. SOUTH NAPLES FL 34102 8000002794698--9 -03/04/99--01069--022 ****188.00 ****188.00		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: center;"><b>FL</b></div>	
<b>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.</b>			
SIGNATURE _____		DATE _____	
<small>(Registered Agent Accepting Appointment) (Not to be signed by a person who is not a member of the company)</small>			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGRM	FARREN, PEGGY	400 7TH AVE. S.	NAPLES FL 34102
MGRM	FARREN, FRANCIS A	15006 ALEXANDER	LIVONIA MI 48154
MEM	COLOMBO, ANNE MARIE	3771 UPLAND DR.	MARIETTA GA
MEM	FARREN, JOHN M	215 ROCK GARDEN TERRACE 20044 SUD BURY	MARIETTA GA 30064 <del>LIVONIA MI</del>
MEM	FARREN, SUSAN T	2309 CHARLESTON PL	MARIETTA GA 30038
MEM	FARREN, RICHARD G	P.O. BOX 944	NAPLES FL 34102
<b>AL MAR -3 1999</b>			
<b>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.</b>			
<b>SIGNATURE:</b> <i>Peggy Farren</i> <i>Peggy Farren</i> 225-99 041434-9902			