
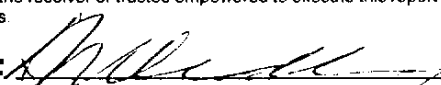


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		L94000000745		FILED FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 99 APR 12 PM 4:49			
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 WODLINGER INTERNATIONAL, L.C. 3355 TAMIAMI TRAIL N. NAPLES FL 34103				DOCUMENT # L94000000745				1a. Principal Place of Business Address 3355 TAMIAMI TRAIL N. NAPLES FL 34103			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 01/01/1995		3a. State of Formation FL		4. FEI Number 65-0545841 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Country		Country		5. Date of Last Report 04/27/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>					
7. Name and Address of Current Registered Agent WODLINGER, MARK L 3355 TAMIAMI TRAIL N. NAPLES FL 34103				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code							
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				
MGR	WODLINGER, MARK L		3355 TAMIAMI TRAIL NORTH				NAPLES FL				
MEM	WODLINGER, MARK L		3355 TAMIAMI TRAIL NORTH				NAPLES FL				
MEM	WODLINGER, MARILYN B		3355 TAMIAMI TRAIL NORTH				NAPLES FL				
MEM	COX, JOE B		3001 TAMIAMI TRAIL NORTH				NAPLES FL				
800002844808-4 -04/20/99--01036--008 ****188.75 ****188.75 MK 4/12/99											
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: 4-9-99	Daytime Phone #