


FILE NOW: Fee after May 1, will be \$588.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company WMR PROPERTIES, L.C. 223 TAYLOR STREET PUNTA GORDA FL 33950		DOCUMENT # L95000000004			
2. Principal Place of Business SAME		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 01/01/1995	
Suite, Apt. #, etc.		City & State		3a. State of Formation FL	
City & State		Zip		4. FEI Number 65-0569141	
Country		Country		5. Date of Last Report 03/14/1996	
7. Name and Address of Current Registered Agent WOTITZKY, EDWARD L 223 TAYLOR STREET PUNTA GORDA FL 33950			8. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc.		
			City		Zip Code
			FL		
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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WOTITZKY, EDWARD L	223 TAYLOR STREET		PUNTA GORDA FL	
MEM	MIZELL, JOHN B	223 TAYLOR STREET		PUNTA GORDA FL	
MEM	ROSS, WARREN R	223 TAYLOR STREET		PUNTA GORDA FL	
MEM	WOTITZKY, HAL F	223 TAYLOR STREET		PUNTA GORDA FL	
<p>800002153920--5 -04/24/97--01087--007 ****203.75 ****203.75</p> <p><i>A. Alper</i> 4/21/97</p>					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:		Edward L. Wotitzky, April 10, 1997 (941) 639-2171			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	