


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

**APPROVED
AND
FILED**

1997 FEB 14 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company 15TH STREET LAUREL OAKS, L.C. C/O MICHAEL J. FREEDMAN, ESQ. 300 E. MADISON ST., 2ND FLOOR TAMPA FL 33602	DOCUMENT # L95000000035
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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7. Name and Address of Current Registered Agent FREEDMAN, MICHAEL J 300 E. MADISON ST. 2ND FLOOR TAMPA FL 33602

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
MGR	KEEGAN, KEVIN M	116 GREENFIELD AVE. 71 Bay Way	SAN RAFAEL CA 94901 300002090069--3 -02/17/97--01167--008 ****203.75 ****203.75 2/14/97

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: _____ **2/7/97** 415 454 1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #