	or before				d Liabilii	ty Com	pany will be	9		ero a 1	and the
LIMITE	D LIABILIT	Y COM		TT-	Sand	Ira B. M		SECRETARY OF STATE DIVISION OF CORPORATIONS			
	8	- VI	11.55		oretary of OF COR	PORATIONS	98 MAR -2 AM 11: 21				
\$ 188 1. Name	and Malling Ad	ke Chec	k Payable 1	tk 3/2							
of Limi	ited Liability Co	mpany	DOCO	MEN	<b># L9</b> 5000000080			1a. Principal Place of Business Address			
MIRAMAR VILLAGE MANAGEMENT, L.C. 92 AVENIDA MESSINA SIESTA KEY SARASOTA FL 34242								92 AVENIDA MESSINA SIESTA KEY SARASOTA FL 34242			
2. Principal Place of Business 2a. Maili					ing Address			3. Date Organized or Qualified 3a. St			of Formation
Sulte, Apt. #, etc. Suite					pt. #, etc.			- 01/27/1995 4. FEI Number		FL	Applied For
City & State City &					State			65-0353287			Not Applicable
Zip	p Country Zip			Zip		Count	ry	5. Date of Last Report		6. Certificate of Status Desired SB 75 Additional Fee Required	
	7. Name	and Addre	ess of Current	Registered	Agent 8.			Name and Address of New Registered A			VOffice
2033 SUIT	GNER, J MAIN S E 101 SOTA FI	TREE			Street Address ( Suite, Apt. #, etc.) City			P.O. Box Number Is Not Acceptable)  Zip Code			
its registe		støred ager	nt, or both, in the						ubmits this state		e purpose of changing ocept the appointment
SIGNATU	RE	(Regislate	od Agent Accepting A	Appointment) (I	NOTE Registered	Agent signatur	e required when reinstaling		DATE		
10. Title Managing Members/Managers					Business Street Address			City, State and Zip Code			
MGRM	RUESEWALD, MARY ANN				92 AV	ENID	A MSSSINA	Ą	SARASC	TA FI	a.
-MGRM	RUESEW	TED		92 AV	'ENID	A MSSSINA	<del>}</del>	SARASC	TA FI	<del></del>	
								301	-03/03/	<b>/98</b> 0:	5930 1059019 ****188.75
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11. Indo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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:

Manylunn Kulsewald SIGNATURE MYNTYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 2/26/98 (94)3496800 Date (94)3496800