


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 26 AM 1:32	
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 GLEN OAKS OF TALLAHASSEE, L.C. 615 CRESCENT EXECUTIVE CT., SUITE 120 LAKE MARY FL 32746 <i>94-AR CM</i>		DOCUMENT # L95000000220 1a. Principal Place of Business Address 615 CRESCENT EXECUTIVE CT., LAKE MARY FL 32746			
2. Principal Place of Business 615 Crescent Executive Court Suite, Apt. #, etc. Suite 120 City & State Lake Mary, Florida Zip 32746		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/17/1995 3a. State of Formation FL 4. FEI Number 65-0718187 5. Date of Last Report 12/31/1998 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent GRAY, N. DWAYNE ESQ. 135 WEST CENTRAL BLVD., SUITE 1100 ORLANDO FL 32801		8. Name and Address of New Registered Agent/Office 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 _____ <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	
MGRM	BORCK, TODD	615 CRESCENT EXECUTIVE CT. Suite 120		LAKE MARY FL 32746	
MGRM	WILLNER, STUART	499 BOYNTON BAY CIRCLE 1117 Russell Drive		BOYNTON BEACH FL Highland Beach, FL 33487	
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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: <i>Todd Borck</i>		4-20-99 407-332-3223			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #			