
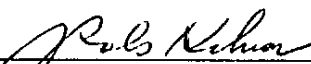


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham SECRETARY OF STATE Secretary of State DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS		FILED MAR -2 AM 8:28 6/3/98	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000257 FIRST GARDENS, L.C. P.O. BOX 64 CYPRESS GARDENS FL 33884		1a. Principal Place of Business Address 2461 SOUTH LAKE SUMMITT DRIV CYPRESS GARDENS FL 33884			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/29/1995 3a. State of Formation FL	
				4. FEI Number 59-3311771 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 11/17/1997 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent MANN, JOHN L 105 SOUTH FLORIDA AVE. LAKELAND FL 33801				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 800002446178-4 -03/03/98-01102-009 ****188.75 Zip Code ****188.75 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 _____ (Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	REYNOLDS, WILLIAM C	259 HERNANDO ROAD S.E.		WINTER HAVEN FL	
MGRM	KEHOE, JOHN R JR	716 LOGAN LANE		WINTER HAVEN FL	
MGRM	LABUDA, GLENN E	1605 HIGH POINT CT, S.W. 3440 LAKEVIEW DRIVE, SE		WINTER HAVEN FL	
MGRM	JONES, DEBORAH	7042 BLACK ROAD		LAKE WALES FL	
MGRM	BRANCH, DEBORAH	2112 EDGEWATER CIRCLE		WINTER HAVEN, FL	
MGRM	TRUPIANO, THOMAS J	2107 JONATHAN LANE		WINTER HAVEN FL	
MGRM	CREEDON, SHARON L.	235 NASSAU RD., SE		WINTER HAVEN, FL	
MGRM	BROCK, DENNIS D.	1103 CYPRESS GARDENS BLVD.		WINTER HAVEN, FL	
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:  2/24/98 941-324-2111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					