


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  99 MAR 12 PM 2: 00  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L95000000257</b>  FIRST GARDENS, L.C. P.O. BOX 64 CYPRESS GARDENS FL 33884		<b>1a. Principal Place of Business Address</b>  2461 SOUTH LAKE SUMMITT DRIV CYPRESS GARDENS FL 33884			
<b>2. Principal Place of Business</b> 2461 W. Lake Summit Dr Suite, Apt. #, etc.		<b>2a. Mailing Address</b> PO Box 64 Suite, Apt. #, etc.		<b>3. Date Organized or Qualified</b> 03/29/1995	
<b>City &amp; State</b> Winter Haven, FL		<b>City &amp; State</b> Cypress Gardens, FL		<b>3a. State of Formation</b> FL	
<b>Zip</b> 33884		<b>Country</b> Polk		<b>4. FEI Number</b> 59-3311771	
<b>5. Date of Last Report</b> 03/02/1998		<b>6. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. Name and Address of Current Registered Agent</b>  MANN, JOHN L 105 SOUTH FLORIDA AVE. LAKELAND FL 33801			<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) 300002814363 Suite, Apt. #, etc. -03/22/99-01148-013 ****188.75 ****188.75 City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required When Agent is Not a Director) _____ DATE _____					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
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	3440 LAKEVIEW DRIVE, SE		WINTER HAVEN 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	
<b>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.</b>					
<b>SIGNATURE:</b> <i>John R Kehoe Jr</i> <i>John R Kehoe Jr</i> <i>3/4/99</i> <i>941-324-2111</i>					