


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 DIVISION OF CORPORATIONS	
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		DOCUMENT # L95000000395		1a. Principal Place of Business Address	
VIOLA'S PARADISE HOME II, L.C. ERNEST A. SEEMANN, ESQ. 1105 CAP CORAL PARKWAY, E. CAPE CORAL FL 33904		98-AR CM		ERNEST A. SEEMANN, ESQ. 1105 CAP CORAL PARKWAY, E. CAPE CORAL FL 33904	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. Suite C		05/22/1995	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 65-0584466	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 02/10/1997	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
SEEMANN, ERNEST A 4729 DEL PRADO BLVD. CAPE CORAL FL 33904				Name Street Address (P.O. Box Number is Not Acceptable) 1105 Cape Coral Parkway East Suite, Apt. #, etc. Suite C City Cape Coral Zip Code FL 33904	
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	
MGRM	ROHLEDER, HARALD DR.	3910 DEL PRADO BLVD.		CAPE CORAL FL	
MGRM	VIOLA'S PARADISE HOLDI	4729 DEL PRADO BLVD.		CAPE CORAL FL	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Signature Photo #