File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.												
450				LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee								99 MAR - 1 PM 3: 13				
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								SECNETZRY OF STATE TALLAHASSEE, FLORIDA				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000481							1a. Principal Place of Business Address					
HARALD PROPERTY HOLDING COMPANY, L.C. 3910 SE 20TH PL. CAPE CORAL FL 33904							3910 SE 20TH PL. CAPE CORAL FL 33904					
\$												
2 Principal Place of Business 2a. Ma				ing Address				3. Date Organized or Qualified		3a. State of Formation		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					06/20/1995 4. FEI Number		FL		
City & State			City & State					4. FEI Number 65~0495062		-	Applied For	
City & Stat	City & State							5. Date of Last Report		6 Certifica	Not Applicable te of Status Desired	
Zip *	ip Country		Zip		Count	Country		03/06/1998		\$8.75 Additional Fee Required		
	7. Name and Ad	dress of Current R	egistered	Agent			8. 1	ame and Address		lered Agent	/Office	
SEEMANN, ERNEST A 4729 DEL PRADO BLVD. CAPE CORAL FL 33904				Street Address Suite, Apt. #, e				(P.O. Box Number is Not Acceptable)				
	City				Zip Code							
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 changits 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 appointmass registered agent, and accept the obligations.												
SIGNATURE (Registered Agent Ascepting Appointment) (NOTE Registered Agent squatter not and where neverty)												
(Registered Agent Accepting Appointment) (N 10. Title Managing Members/Managers				Olf-Registered Agent signature regional when re-residue Business Street Address			n netalenj ddress	City, State and Zip Code			p Code	
MCDM	RM ROHLEDER, HARALD W			WIDELWARD OFF 01			21	D 06011	6911 DIESSEN A.A., GERMAN			
[[ROHLEDER,		1	[-	
MOEW	KORDEDEK,	MONIKA		KIKTI	IGER	SIR.	21,	D-00311	DIESSI	SN A.A	., GERMAN	
								ភព	100002 -03/0 ****	77:915) 19/99(188,75	#598! 01014008 ****188.75	
									2	3-3-9	9	
11. Ido 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 hability 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 SIGN												