


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 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 OAKHILL GROUP, L.C. 9659 FAIRWOOD COURT PORT ST. LUCIE FL 34986		DOCUMENT # L95000000609	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 9659 FAIRWOOD COURT PORT ST. LUCIE FL 34986 100002463181 -- 3 -03/20/98--01027--013 ****197.50 ****197.50 3a. State of Formation FL 4. FEI Number 65-0600072 5. Date of Last Report 02/06/1997 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent NAVARETTA, STEPHEN 1100 S.W. LUCIE WEST BLVD., STE. PORT ST LUCIE FL		8. Name and Address of New Registered Agent/Office Name W. THOMAS WACKEEN Street Address (P.O. Box Number is Not Acceptable) 401 EAST OSCEOLA ST. Suite, Apt. #, etc. RIVER OAK CENTER City STUART FL FL Zip Code 34995	
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 <u>W. THOMAS WACKEEN</u> (Registered Agent Accepting Appointment) (Not Registered Agent Signature required when reinstating) DATE <u>3/2/98</u>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	NOBLE, ROBERT A JR.	9659 FAIRWOOD COURT	PORT ST LUCIE FL
MGRM	MARSHALL, JAMES G	107 COUNTRY CLUB ROAD	QUEENSBURY NY
MEM	HIGLEY, GARY A	42 COOLIDGE AVE.	GLENS FALLS NY
MEM	MAYNARD DON F	9630 LANDINGS DRIVE	PORT ST LUCIE FL
MEM	SCHUPP DONALD E	234 OVERBROOK ROAD	VALENCIA PA
MEM	CHASE MANHATTAN BK, N.A. P.O. BOX 183 OAK POINT CUSTODIAN FOR THE BENEFIT OF MUSSELMAN FRANCIS H		HAMMOND NY 11001 AL 3-19
MEM	MARSHALL BARBARA J	107 COUNTRY CLUB ROAD	QUEENSBURY NY
FAMILY TRUST			
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: <u>Robert A. Noble Jr.</u> Manager 561-461-3338 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			