


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 27 AM 8:34 H 4/27	
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 EUROPE FLORIDA PARADISE, L.C. 204-D E. MCKENZIE ST PUNTA GORDA FL 33950		DOCUMENT # L95000000674		1a. Principal Place of Business Address 1601 W MARION AVE #203 PUNTA GORDA FL 33950	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 09/01/1995 4. FEI Number 65-6185226 5. Date of Last Report 10/06/1997	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent KONIDES, JIM 1601 W MARION AVE #203 PUNTA GORDA FL 33950				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 700002507077--5 Suite, Apt. #, etc. -04/30/98 -01104 -003 ****188.75 ****188.75 City FL 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 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) (NOTE: Registered Agent signature required when reinstating)				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	EBNER, WERNER	204-D E. McKenzie St. 1601 W. MARION AVENUE, #203		PUNTA GORDA FL	
MEM	FRIEDEN, WERNER	1601 W MARION AVE #203		PUNTA GORDA FL	
MEM	FRIEDEN, EVA	1601 W MARION AVE #203		PUNTA GORDA FL	
MEM	BUCHER, KLAUS	1601 W MARION AVE #203		PUNTA GORDA FL	
MEM	NOYEN, JOHN	1601 W MARION AVE #203		PUNTA GORDA FL	
MEM	SHOTWELL, BRENDA	1601 W MARION AVE #203		PUNTA GORDA 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: _____

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

Date

Daytime Phone #