


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR 29 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # L95000000674
EUROPE FLORIDA PARADISE, L.C.
204-D E. MCKENZIE ST
PUNTA GORDA FL 33950

1a. Principal Place of Business Address
1601 W MARION AVE #203
PUNTA GORDA FL 33950

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified 09/01/1995	3a. State of Formation FL
4. FEI Number 65-6185226	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/27/1998	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

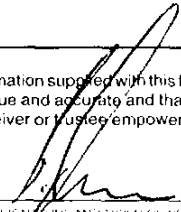
8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. **408002832274**
City **FL**

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 _____
(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is not required when filing by mail)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	EBNER, WERNER	204-D E. MCKENZIE ST	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:  **Werner Ebner** 3-25-99 941-575-7878