

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -5 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000808

J. BAXTER HOLDINGS, LLC
401 NORTH ATLANTIC BOULEVARD
DAYTONA BEACH FL 32118

1a. Principal Place of Business Address

401 NORTH ATLANTIC BOULEVARD
DAYTONA BEACH FL 32118

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/24/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		59-3341862	
				5. Date of Last Report	6. Certificate of Status Desired
				07/29/1998	<input type="checkbox"/> Sub 7: Additional Fee Required

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
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 _____
(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	MOORE, JARROD B.R.	924 COUNTRYSIDE WEST BLVD.	PORT ORANGE FL
MEM	MOORE, DEANNA	924 COUNTRYSIDE WEST BLVD.	PORT ORANGE FL
MEM	MOORE, MARGARET L	1319 OSPREY NEST LN.	PORT ORANGE 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: _____ Date: 9/20/99 Daytime Phone: _____
SIGNATURE AND TYPE PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER