


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB 25 AM 10:25	
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 CEL PROPERTIES, L.C. 108 COUNTRY CLUB DRIVE TAMPA FL 33612		DOCUMENT # L95000000925 <div style="font-size: 1.5em; margin-left: 100px;">94-AR CM</div>		1a. Principal Place of Business Address 108 COUNTRY CLUB DRIVE TAMPA FL 33612	
2. Principal Place of Business Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 12/01/1995	
City & State Zip Country		City & State Zip Country		3a. State of Formation FL	
				4. FET Number 59-3350165	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 03/13/1998	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ECHIZABAL, HOPE P 1217 LABRAD LANE TAMPA FL 33613			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 <div style="text-align: right; font-weight: bold;">FL</div>		
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) (FET# Registered Agent signature required when not a step)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ECHEZABAL, HOPE P	1217 LABRAD LANE		TAMPA FL	
800002796808-2 -03/05/99--01118--023 ****188.75 ****188.75					

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:

Hope P. Echezabal

2/19/99 (813) 933-2505

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR RECEIVING MEMBER

Date

Telephone Number