


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		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  99 MAR 10 PM 1:00	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>VILLAMERICA, L.C.</b> <b>3910 S.E. 20TH PLACE</b> <b>COPE CORAL FL 33904</b>		<b>DOCUMENT # L95000000997</b>		1a. Principal Place of Business Address <b>3910 S.E. 20TH PLACE</b> <b>COPE CORAL FL 33904</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>12/21/1995</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>65-0372770</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report <b>03/19/1998</b> 6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>SYLVIA, JUDY</b> <b>3910 S.E. 20TH PLACE</b> <b>CAPE CORAL FL 33904</b>		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 <b>FL</b>			
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 _____			
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGRM HETZENECKER, HANNES		INGOLSTEDTER STR 10, D8529		GEINSENFELD, GERMANY	
MGRM HETZENECKER, GERDA		INGOLSTEDTER STR 10, D8529		GEISENFELD, GERMANY	
MGRM NADLER, GERHARD		LINDENSTR.28 D-85126		MUENCHSMUENSTER, GER	
MGRM NADLER, ROSEMARIE		LINDENSTR.28 D-85126		MUENCHSMUENSTER, GER	

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\*\*\*\*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: 

Signature and Title of Secretary of State or Designated Agent/Manager/Member/Trustee

Date

Signature of \_\_\_\_\_