


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 19 PM 3:39 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 <b>WESTWINDS APARTMENTS, L.L.C. P.O. BOX 66713 ST. PETERSBURG BEACH FL 33706</b>		DOCUMENT # L96000000029		1a. Principal Place of Business Address <b>600 71ST AVENUE ST. PETERSBURG BEACH, FL 33706 33706</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>01/09/1996</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>NOT APPLICABLE</b> 5. Date of Last Report <b>03/10/1997</b> 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent <b>OAKLEY, PETER 2520 EAST VINA DEL MAR ST. PETERSBURG BEACH FL 33706</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>500002464115--6</b> Suite, Apt. #, etc. <b>-03/20/98--01116--017</b> <b>***188.75 ***188.75</b> City <b>FL</b> 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 <b>2/25/98</b>			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM <del>MGR</del>	SHOLTY, SCOTT A	7301 NORTH MERIDIAN		INDIANAPOLIS IN 46260	
MEM <del>MGR</del>	ROSENFELD, LANA M	12041 MARTHA ANN DR		ALAMITOS LOS ANGELES CA 90720	
MEM <del>MGR</del>	SHOLTY, MICHAEL V	601 3 70TH AVE SANDALWOOD APTS, APT 743 1301 STATE RD 9 SOUTH		ST. PETERSBURG BEACH ALEXANDRIA IN 46001 46001	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: <b>Michael V. Sholty</b>		15 MAR 98 765-724-3618			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #			