ANN	IABILITY COMPANY IUAL REPORT 1999		FLORIDA DEPARTM Katherine Secretary of DIVISION OF COR	Harris / State		ARY OF STATE F CORPORATIONS 8 PM 12: 06
\$ 188.75 1. Name and M of Limited Lie Affords 7826 Co	Make Check Paya failing Address ability Company able Housing Asso coper Road nati, Ohio 45242	DIE TO: FLOR	IDA DEPARTMEN F L96000	OF STATE	1a. Principal Place of Business	s Address
Principal Plac	ce of Business	2a. Mail	ing Address	<u> </u>	3. Date Organized or Qualified	3a. State of Formation
Suite. Apt. #, etc	C.	Suite, Ap	Suite, Apt. #, etc.		1-16-96	Florida
City & State		City & State			4. FEI Number 58-2244077	Applied For Not Applicable
Country 7. Name and Address of Current Re		Zıp	Count		5. Date of Last Report 12-17-98 Name and Address of New Regi	6. Certificate of Status Desired 58.75 Additional Fee Required
	i, Florida 33131			bove-named limited	sboat Key FL	Zip Code 34228
s registered offi is registered ag				, 	DATE	rs. I hereby accept the appointment
ts registered offices registered ag	ice or registered agent/or both, ent, and accept the deligation	S. Appointment)	VOTE Registered Agent signatur	, 	DATE	rs. Thereby accept the appointment
ts registered offices registered ag	ice or registered agent or both, ent, and accept the deligation	ed y Appointment) - r nagers	VOTE Registered Agent signatur	e required when renstaling	DATE	rs. Thereby accept the appointment
ts registered offices registered ago	ice or registered agent/or both, pent, and accept the deligation Registred Agentics Managing Members/Man	ed y Appointment) - r nagers	vOTE Registered Agent signatur Busine	e required when renstaling	OATE City	z-1-99 . State and Zip Code