

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR 26 AM 11: 19

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000237</b> 121 Atlantic, L.C. 50 North Laura Street Suite 3900 Jacksonville, FL 32202
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1a. Principal Place of Business Address 50 North Laura Street Suite 3900 Jacksonville, FL 32202
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 2/29/96	3a. State of Formation Florida
Country	Country	4. FEI Number 59-3373724	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 5/4/98	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent Intrastate Registered Agent Corporation 701 Brickell Avenue Suite 3000 Miami, FL 33131
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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>
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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
MGR	Saoud, Edmond	8843-1 San Jose Blvd.	Jacksonville, FL 32247
MGR	Wallis, Donald W.	50 N. Laura St., #3900	Jacksonville, FL 32202

00000237 9900-017  
-03/26/99-01053-017  
\*\*\*\*188.75 \*\*\*\*188.75

*Donald W. Wallis*

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: *Donald W. Wallis* 3-15-99 94-228-5439