


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 03/22-8 PM 5:00 TALLAHASSEE, FL																					
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 DOCUMENT # L96000000246 MSD FAMILY LIMITED COMPANY 1222 DONNA DRIVE FORT MYERS FL 33919		1a. Principal Place of Business Address 1222 DONNA DRIVE FORT MYERS FL 33919																							
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 03/04/1996 3a. State of Formation FL 4. FEI Number 65-0653098 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 04/10/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>																					
7. Name and Address of Current Registered Agent PULS, JAMES M 11122 VILLAS ON THE GREEN RIVERVIEW FL 33569			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code <div style="text-align: right;">FL</div>																						
<p>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.</p>																									
SIGNATURE _____			DATE _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>PULS, HARRIET E. R</td> <td>1605 CLOISTER DRIVE</td> <td>SUN CITY CENTER FL</td> </tr> <tr> <td>MGRM</td> <td>PULS, JAMES M</td> <td>11122 VILLAS ON THE GREEN</td> <td>RIVERVIEW FL</td> </tr> <tr> <td>MGRM</td> <td>PULS, ROBERT R</td> <td>11122 VILLAS ON THE GREEN</td> <td>RIVERVIEW FL</td> </tr> <tr> <td>MGRM</td> <td>PULS, JOHN L JR.</td> <td>11122 VILLAS ON THE GREEN</td> <td>RIVERVIEW FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	PULS, HARRIET E. R	1605 CLOISTER DRIVE	SUN CITY CENTER FL	MGRM	PULS, JAMES M	11122 VILLAS ON THE GREEN	RIVERVIEW FL	MGRM	PULS, ROBERT R	11122 VILLAS ON THE GREEN	RIVERVIEW FL	MGRM	PULS, JOHN L JR.	11122 VILLAS ON THE GREEN	RIVERVIEW FL
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000002842730-0 -04/16/99--01094--022 ****188.75 ****188.75 T.J.C. APR 14 1999																									
<p>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.</p>																									
SIGNATURE: <u>Tara M. Puls</u> 3/6/99 913-875-8622																									