
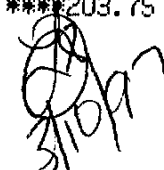


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAR 10 AM 8:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000311</b>  CORAL VILLAS LIMITED COMPANY 1208 S.W. 53RD STREET CAPE CORAL FL 33914		1a. Principal Place of Business Address  1208 S.W. 53RD STREET CAPE CORAL FL 33914			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business <b>Same</b>		2a. Mailing Address <b>same</b>		3. Date Organized or Qualified 03/14/1996	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0684927	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State		City & State		5. Date of Last Report none	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip		Country		Zip	
7. Name and Address of Current Registered Agent  VOSS, JOHANNA C 1208 S.W. 53RD STREET CAPE CORAL FL 33914			8. Name and Address of New Registered Agent Name <b>same</b> Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <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 <i>Johanna C. Voss</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>2.18.97</b>	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	VOSS, JOHANNA C	1208 S.W. 53RD STREET		CAPE CORAL FL	
MGRM	MEIER, FRED	4912 S.W. 11TH PLACE		CAPE CORAL FL	
MGRM	ERNY, HORST	RICHENSTRASSE 27 43043 BAD		GERMANY	
600002110596--4 -03/11/97--01126--009 ****203.75 ****203.75 					
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: <i>Johanna C. Voss</i>		<i>Johanna C. Voss</i>		2-18-97	941-945-1802
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>		<small>Daytime Phone #</small>	