

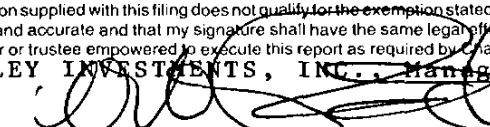


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000348</b> <b>FIRST TEAM BERMUDA LIMITED COMPANY</b> <b>350 S. LAKE DESTINY DRIVE, SUITE 200</b> <b>ORLANDO FL 32810</b>		1a. Principal Place of Business Address <b>350 S. LAKE DESTINY DRIVE, S</b> <b>ORLANDO FL 32810</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>03/26/1996</b>	<b>FL</b>
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	<b>59-3368168</b>	
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
		<b>05/01/1998</b>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
<b>HUMPHRIES, J. GREGORY</b> <b>20 NORTH ORANGAE AVE., SUITE 1000</b> <b>ORLANDO FL 32801</b>		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when retreating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
<del>MGR</del>	<del>FIRST TEAM MANAGEMENT,</del>	<del>350 S. LAKE DESTINY DRIVE,</del>	<del>ORLANDO FL</del>
<del>MGR</del>	<del>MEALEY, DONALD C</del>	<del>350 S. LAKE DESTINY DRIVE,</del>	<del>ORLANDO FL</del>
MGR	MEALEY INVESTMENTS, INC.	350 S. LAKE DESTINY DRIVE,	ORLANDO, FL 32810
			<b>4000002865804--1</b> <b>-05/06/99--01097--007</b> <b>****188.75 ****188.75</b> 
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. <b>MEALEY INVESTMENTS, INC., Manager</b>			
<b>SIGNATURE: By:  W. Warner Peacock, 4/27/99</b> SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, MANAGING MEMBER OR MANAGER Vice President (Do not leave blank)			