


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

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97 MAY -1 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #L96000000393
QUAIL WOODS PROPERTIES, L.C. 4152 WEST BLUE HERON BLVD. STE 116 RIVIERA BEACH FL 33404	

1a. Principal Place of Business Address
4152 WEST BLUE HERON BLVD. ST RIVIERA BEACH FL 33404

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business SAME Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Organized or Qualified 04/04/1996	3a. State of Formation FL
City & State	City & State	4. FEI Number 65-0654495	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
SCHICKEDANZ, WALDEMAR 4152 WEST BLUE HERON BLVD. STE 116 RIVIERA BEACH FL 33404	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCHICKEDANZ ENTERPRISES, INC.	Blue 4152 WEST BLEU HERON BLVD. SUITE 116	RIVIERA BEACH FL 33404 500002173555--5 -05/09/97--01113--014 ****203.75 ****203.75 A. Alaw 5/1/97

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: Waldemar K. Schickedanz (564) 845 8797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #