
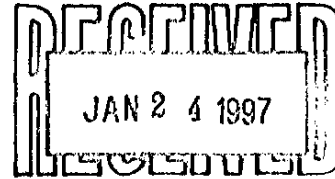


FILE NOW: Fee after May 1, will be \$588.75

form

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS



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 # L96000000447
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PARADISE MADISON, L.C.
1711-A SOUTH TENTH STREET
SAFETY HARBOR FL 34695

1a. Principal Place of Business Address
1711-A SOUTH TENTH STREET SAFETY HARBOR FL 34695

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

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/18/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		5. Date of Last Report	6. Certificate of Status Desired
				59 3368061	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
PARADISE DEVELOPMENT GROUP, INC. 1711-A SOUTH TENTH STREET SAFETY HARBOR FL 34695	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	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 reinstalling)	

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PARADISE DEVELOPMENT,	1711-A SOUTH TENTH ST.	SAFETY HARBOR FL
<div>8000002131438--2 -04/02/97--01080--003 ****203.75 ****203.75</div> <div>FILED 97 APR -1 PM 3:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			

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>[Signature]</i>	Date: 3/29/97	Daytime Phone #: 813-726-1115
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		