
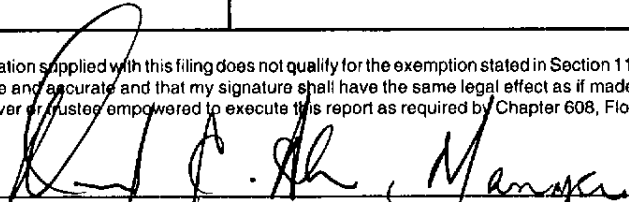


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILED 98 APR 28 PM 1:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
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 # L96000000515 PARK ENTRANCE, L.C. P.O. BOX 4727 PORTSMOUTH NH 03802 <i>98-AP CM</i>			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		1000 Market Street Bldg. One		05/06/1996	
City & State		City & State Portsmouth NH		3a. State of Formation FL	
Zip		Zip		4. FEI Number	
Country		Country		NOT APPLICABLE	
03801		USA		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		5. Date of Last Report			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		12/09/1997			
8. Name and Address of New Registered Agent/Office		6. Certificate of Status Desired			
Name		100002512011-3 -05/05/98-01136-009 ****188.75 ****188.75 FL			
Street Address (P.O. Box Number is Not Acceptable)		<input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.					
City					
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 reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	WALSH, MARK	1100 LINTON BLVD.		DELRAY BEACH FL	
MGR	WALSH, MICHAEL	1100 LINTON BLVD.		DELRAY BEACH FL	
MGR	ADE, RICHARD C	1 GATE ST., STE. C-3 1000 Market St. Bldg One		PORTSMOUTH NH	
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:  3/17/98 (603) 559-2101 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					