


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 12 AM 10:39 STATE OF FLORIDA 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 # 196000000760			
PERDIDO BAY COLONY, L.C. 11115 LILLIAN HWY. PENACOLA FL 32506		1a. Principal Place of Business Address 11117 LILLIAN HIGHWAY PENSACOLA FL 32506			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/15/1996	
City & State		City & State		FL	
Zip		Zip		4. FET Number	
Country		Country		59-3399154	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				03/13/1998	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
SPERRY, JOHN 11115 LILLIAN HIGHWAY PENSACOLA FL 32506				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
				300002844372 -04/20/99--01004--002 ***188.75 ***188.75 FL	
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 _____					
(The Registered Agent's Appointment is in full compliance with the provisions of Chapter 608, Florida Statutes.)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SPERRY, JOHN	11115 LILLIAN HIGHWAY		PENSACOLA FL	
MGRM	SPERRY, SUSAN	11115 LILLIAN HIGHWAY		PENSACOLA FL	
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: <u>John Sperry</u> JOHN SPERRY 4-6-99 850-455-2600					