


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		 <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold; color: black;"> L9600000922 </div>		<div style="font-size: 0.8em;"> FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS </div>	
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 # L9600000922 GREEN OAK TERRACE OF FT. MYERS L.C. 4951 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34103		1a. Principal Place of Business Address 4951 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34103			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 08/30/1996 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		4. FEI Number 59-3412430		5. Date of Last Report 04/22/1998	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent DABROWSKI, HELENA A 4951 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34103			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 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 _____		
<small>(If a new Agent is being appointed, the filer is required to provide a signed statement of appointment.)</small>					
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM VP DABROWSKI, HELENA A PMGRM MICHNA, ANDREA		4951 TAMIAMI TRAIL NORTH, 555 SKOKIE BLVD. SUITE 350		NAPLES FL NORTHBROOK IL	
<div style="position: relative;"> <div style="position: absolute; top: 0; right: 0; font-size: 1.5em; font-weight: bold; color: black;"> 700002844837--4 -04/20/99--01036--019 ****188.75 ****188.75 </div> <div style="position: absolute; bottom: 0; left: 0; font-size: 2em; font-weight: bold; color: black;"> BK 4/18/99 </div> </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: <u>Helena A. Dabrowski</u> , HELENA A. DABROWSKI 4/5/99 (941) 434-9410					