
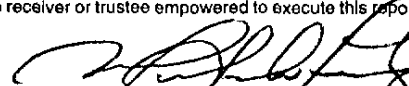


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>WINDEMERE WEST, L.C. 4208 WINDEMERE PLACE SARASOTA FL 34231 108 SUNRISE DR NOKOMIS FL 34275</b>		<b>DOCUMENT #</b> L96000000972	
2. Principal Place of Business <b>J. RYAN'S ON THE BRIM 8389 S. TAMiami TR. SARASOTA FL</b>		2a. Mailing Address <b>108 SUNRISE DR NOKOMIS FL</b>	
3. Date Organized or Qualified <b>09/16/1996</b>		3a. State of Formation <b>FL</b>	
4. FEI Number <b>65-0697264</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report <b>09/08/1997</b>		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>CHANDLER, JAMES R III 1819 MAIN STREET SUITE 302 SARASOTA FL 34236</b>		8. Name and Address of New Registered Agent/Office <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>Suite, Apt. #, etc.</b> <b>200002511932--0</b> <b>City</b> <b>05/05/98--01120--031</b> <b>Zip Code</b> <b>****188.75 ****100.75</b> <b>FL</b>	
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
MGRM	FORLENZA, MARC	108 SUNRISE DR. 4208 WINDEMERE PLACE	NOKOMIS SARASOTA FL
MEM	FORLENZA, YASMIN	4208 WINDEMERE PLACE 108 SUNRISE DR.	SARASOTA FL NOKOMIS
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: 		MARC A. FORLENZA (941) 3/4/98 923-8200	
SIGNATURE AND TYPE IN OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Day/line Phone #	