


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> \$ 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		<b>DOCUMENT #</b> L96000001028			
ROD & REEL MOTEL, L.C. P.O. BOX 1939 ANNA MARIA FL 34216		1a. Principal Place of Business Address  877 NORTSHORE DRIVE ANNA MARIA FL 34216			
2. Principal Place of Business 877 Northshore Dr. Suite, Apt. #, etc.		2a. Mailing Address P.O. Box 1939 Suite, Apt. #, etc.		3. Date Organized or Qualified 10/01/1996	
City & State ANNA MARIA, FL		City & State ANNA MARIA, FL		3a. State of Formation FL	
Zip 34216		Country MANATEE		4. FEI Number 65-0697351	
				5. Date of Last Report 03/18/1997	
7. Name and Address of Current Registered Agent  JAENSCH, PETER J ESQ. 3400 S. TAMIAMI TRAIL SUITE 303 SARASOTA FL 34239		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL 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 <u>Janet D. Test</u> DATE <u>3-1-98</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SCHOENFELDER, MARIO	877 NORTSHORE DRIVE		ANNA MARIA FL	
MGRM	SCHOENFELDER, CHRISTIA	877 NORTSHORE DRIVE		ANNA MARIA FL	
				600002449846--5 -03/09/98--01003--021 ****188.75 ****188.75	
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>Janet D. Test</u> 3-1-98 941 118-2180 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					