


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS SEP 19 96 AM 10:25	
<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  ROD & REEL MOTEL, L.C. P.O. BOX 1939 ANNA MARIA FL 34216		<b>DOCUMENT #</b> L96000001028			
2. Principal Place of Business 877 Northshore Dr. Suite, Apt. #, etc.  City & State Anna Maria, FL Zip 34216 Country FLORIDA		2a. Mailing Address P.O. Box 1939 Suite, Apt. #, etc.  City & State Anna Maria, FL Zip 34216 Country FLORIDA		3. Date Organized or Qualified 10/01/1996  4. FEI Number 65-0697351  5. Date of Last Report 03/04/1998	
3a. State of Formation FL  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 <div style="text-align: center;"><b>FL</b></div> 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when not applicable)</small>			DATE _____		
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		
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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:** \_\_\_\_\_

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER FOR MANAGER

Date

Expiring Date #