	→ .	•										
File on subjec	or before t to a \$ 46	May 1, 19	999 or Limited E FEE.	Liabilit	y Com	pany wil	l be					
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS							Ī	FILED 99 MAR 16 AM 9: 37				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee												
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Maiting Address of Limited Liability Company DOCUMENT # L9600001254								SEGRETARY OF STALL TALLAHASSEE, FLORIDA				
	2340 PI SUITE	BRIWINK J-3	LIMITED L LE WAY D FL 33957	2 S	1a. Principal Place of Business Address 2340 PERIWINKLE WAY SUITE J-3 SANIBEL ISLAND FL 33957							
2 Principal Place of Business 2a.				ailing Address				Date Organized	d or Qualified	3a. State of	Formation	
Suite, Apt. #, etc. Suite, Ap				t. #, etc.			1.	2/03/1	996	FL		
Suite, Apr. #, etc.				л. н, е.с.			4. F	El Number		'Тг	Applied For	
City & State City & St.				ate			6	65-0715370			Not Applicab	
Z _i p Country			Zip	Zip Country			5. D	Date of Last Re	port	6. Certificate	of Status Desire	
2.10		Country			Colum	',	0.	3/25/1	998	\$8.75 Addition	nal Fee Required	
	7. Name	and Address o	f Current Registered	Agent		Name	8. Name	and Address	of New Regis	tered Agent/C	ffice	
RATL 2340 SUIT SANI	Street Address (F Suite, Apt #, etc				P.O. Box Number is Not Acceptable) Zip Code							
its registe	red office or reg	ions of Sections stered agent, or accept the oblig	608.416 and 608.508, both, in the State of Flor ations.	Fiorida Statu ida. Such cha	ites, the at inge was a	oove-named lin uthorized by aft	nited kability firmative vol	y company sub te of a majority	omits this state of the member	ment for the pushes. Thereby acce	urpose of changin pt the appointmen	
SIGNATU	IRE	(Progistered Age	nt Accepting Appending at (A	Off Registered	Ngert signafur	e tegnited when teen	r Sabingi	157	ΛΤΕ <u></u>			
10. Title	Mai	naging Members	/Managers				ess		City, State and Zip Code			
мем	HEAD,	DOUGLA	S MARTIN	2340	PERI	WINKLE	WAY,	SUITE	SANIB	EL ISLÆ	ND FL	
MEM	HEAD,	SANDRA	AUDREY	2340	PERI	WINKLE	WAY,	SUITE	SANIB	EL ISLA	ND FL	
MEM	RATLI	FF, ROB	ERT LEE I	2340	PERI	WINKLE	WAY,	SUITE	SANIB	EL ISLÆ	ND FL	
J								901	-03/24 ****1	i/9301i	52*0 094*-008 ****188.7	

11. Ido 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 flability 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:

INHSE10 R (12-98)

3-17-99 (141)3