

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>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED <sup>LL</sup>/<sub>5/6</sub>  
99 MAY -3 PM 1:21  
TALLAHASSEE FLORIDA

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L96000001332**  
A. BUD KRATER AND ASSOCIATES LIMITED LIABILITY COMPANY  
19 NORTH DEL PRADO BLVD  
CAPE CORAL FL 33990

1a. Principal Place of Business Address  
19 NORTH DEL PRADO BLVD  
CAPE CORAL FL 33990

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
12/23/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0726889	
5. Date of Last Report	6. Certificate of Status Desired
3-15-98	\$875 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  
MCMANUS, JAMES B  
19 NORTH DEL PRADO BLVD  
CAPE CORAL FL 33990

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
300002871463  
Suite, Apt. #, etc. -05/11/99-01060-024  
City  
FL  
Zip Code  
\*\*\*\*188.75 \*\*\*\*188.75

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	MCMANUS, JAMES B	19 NORTH DEL PRADO BLVD	CAPE CORAL FL
MGRM	WOODROW, BARRY	11851 ISLAND AVENUE	MATLACHA FL

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: *Barry Woodrow* BARRY WOODROW MEMBER  
Date: 4-28-99  
Dialtime Phone: 941-574-1040