
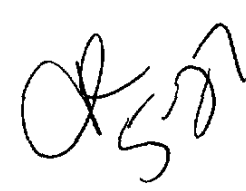
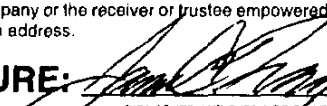


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  98 MAY 26 AM 11:07	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>CAMILLA ROSE GROUP, L.C.</b> <b>1715 PROSPECT STREET</b> <b>SARASOTA FL 34239</b>		<b>DOCUMENT #</b> L96000001335			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip		1a. Principal Place of Business Address  <b>1715 PROSPECT STREET</b> <b>SARASOTA FL 34239</b>	
3. Date Organized or Qualified  12/24/1996		3a. State of Formation  FL		4. FEI Number <b>59-3434614</b> <del>APPLIED FOR</del>	
5. Date of Last Report  02/14/1997		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent  <b>FRANCIS, JAMES C JR.</b> <b>1715 PROSPECT STREET</b> <b>SARASOTA FL 34239</b>		8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) <b>308002545893--3</b> Suite, Apt. #, etc. <b>06/03/98-01053-008</b> <b>****188.75 ****188.75</b> City <b>FL</b> 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	FRANCIS, JAMES C JR.	1715 PROSPECT STREET		SARASOTA FL	
MGRM	MCARTHUR, JENEFER J	1715 PROSPECT STREET		SARASOTA 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: 		JAMES C. FRANCIS		5/20/98	941/953-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	