
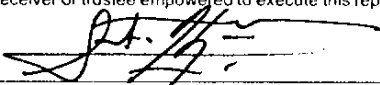


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 18 AM 10:37	
FILING FEE \$ 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 BRUTON, L.L.C. 13005 SAN ANTONIO WOODS LANE ORLANDO FL 32824				DOCUMENT # L97000000025 99-AR CM			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 01/06/1997 4. FEI Number 31-1493447 5. Date of Last Report 04/17/1998	
7. Name and Address of Current Registered Agent HENRIQUES, ANTONIO 13005 SAN ANTONIO WOODS LANE ORLANDO FL 32824				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code				2000028110222-5 -03/25/99 -01094 -004 ***188.75 ***188.75 FL			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when removing self)</small>							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGR	HENRIQUES, ANTONIO	13005 SAN ANTONIO WOODS LA		ORLANDO FL			
MGR	YORK, BRUCE	15 HOLLIDAY DRIVE		COLLINSVILLE IL			
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: 		2/26/99 (407) 826-0808					
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER)							