

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
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FILED

99 APR 12 PM 3: 51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L9700000093</b>  SMARTGATE, L. C. <del>1800 SECOND STREET</del> <del>SUITE 854</del> <del>SARASOTA FL 34236</del>
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1a. Principal Place of Business Address  <del>1800 SECOND STREET</del> <del>SUITE 854</del> <del>SARASOTA FL 34236</del>
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2. Principal Place of Business 4400 Independence Court Suite, Apt. #, etc. ----- City & State Sarasota, FL Zip Country 34234 Sarasota	2a. Mailing Address 4400 Independence Court Suite, Apt. #, etc. ----- City & State Sarasota, FL Zip Country 34234 Sarasota	3. Date Organized or Qualified 01/23/1997	3a. State of Formation FL
		4. FEI Number 65-0730078	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/17/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  <del>DUFFEY, SAMUEL S</del> <del>1800 SECOND STREET</del> <del>SUITE 854</del> <del>SARASOTA FL 34236</del>	8. Name and Address of New Registered Agent/Office Name SAMUEL S. DUFFEY Street Address (P.O. Box Number is Not Acceptable) 4400 Independence Court Suite, Apt. #, etc. ----- City Zip Code Sarasota FL 34234
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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 4-9-99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MICHAEL, STEPHEN A	4400 Independence Court <del>1800-SECOND-STREET--SUITE</del>	Sarasota, FL 34234 <del>SARASOTA-FL</del>
MGR	DUFFEY, SAMUEL S	4400 Independence Court <del>1800-SECOND-STREET--SUITE</del>	Sarasota, FL 34234 <del>SARASOTA-FL</del>
MGR	ROTH, ROBERT T	1621 N. MILLS AVENUE	ORLANDO 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: STEPHEN A. MICHAEL 4-9-99 (941) 355-9361  
 MANAGER