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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris <i>Secretary of State</i> DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 10 PM 3:13	
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 DOCUMENT # L97000000209 WILSON-NAPLES REAL ESTATE NO. 1, I.C. C/O RICHARD GORGA, CPA 3435 10TH ST N, #301 NAPLES FL 34103		1a. Principal Place of Business Address C/O RICHARD GORGA, CPA 3435 10TH ST N, #301 NAPLES FL 34103			
2. Principal Place of Business 2465 Trade Center Way <small>Suite, Apt. #, etc.</small> City & State Naples FL Zip 34109 Country Collier		2a. Mailing Address 2465 Trade Center Way <small>Suite, Apt. #, etc.</small> City & State Naples FL Zip 34109 Country Collier		3. Date Organized or Qualified 02/12/1997 4. FEI Number 59-3427728 5. Date of Last Report 05/01/1998	
7. Name and Address of Current Registered Agent GORGA, RICHARD 3435 10TH ST N, #301 NAPLES FL 34103		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____		DATE _____			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	WILSON, ROBERT III	10530 MARTY		OVERLAND PARK KS	
4000002804634--6 -03/12/99--01083--009 ****377.50 ****188.75 \$188.75					
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: _____		3/4/99 5926006			