

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

SUGAR CREEK STATE
TALLHERS, FLORIDA

CENTER ROONEY/HLM CORRECTIONAL DESIGN BUILDER
P.O. BOX 199000
DALLAS, TX 75201

1a. Principal Place of Business Address
9025 BOGGY CREEK RD
ORLANDO, FL. 32824

3. Date Organized or Qualified 2/20/97	3a. State of Formation FL
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City & State
DALLAS, TX.

Zip
75219

4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
75-2694118 5. Date of Last Report 5/1/98	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$75 Additional Fee Required

6. Name and Address of New Registered Agent/Office

HENDERSON, CYNTHIA
101 EAST KENNEDY BLVD, STE 2000
TAMPA, FL. 33602

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, etc. _____

City _____ Zip Code _____

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 _____
(If Required Agent Accepting Appointment) (Not Required Agent signature required when not listed)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HANSEN, LIAD, MEYER AR	800 N. MAGNOLIA AVE, STE	ORLANDO, FL
MGRM	CENTEX ROONEY CONSTRUCTION	6300 N.W. 5TH WAY	FORT LAUDERDALE, 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: Janet L. Erickson 4/28/99 (2M) 981-5000