

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



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR 11 AM 10:51

**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 # L9700000226**  
  
ESTATE OF JEAN E. BELT, L.C.  
%BELT CONSTRUCTION CORPORATION OF TAMPA  
5004C W LINEBAUGH AVE  
TAMPA FL 33624-5030

1a. Principal Place of Business Address  
*3/12*  
%BELT CONSTRUCTION CORPORATI  
5004C W LINEBAUGH AVE  
TAMPA FL 33624

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/20/1997	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
				09-3442289	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
BELT, JOSEPH W %BELT CONSTRUCTION CORPORATION OF TA 5004C W LINEBAUGH AVE TAMPA FL 33624		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		500002455955--E	
		Suite, Apt. #, etc.	
		03/12/98 01113-002	
		****188.75 ****188.75	
		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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	<i>W.</i> JOSEPH <del>R.</del> BELT, TRUSTEE	5004C W LINEBAUGH AVE	AMPA 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) (l), 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: *X JW. Belt* JOSEPH W. BELT Date: 3/9/98 Daytime Phone #: 813-961-3075