


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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| 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 # L97000000268

CHRISDEL, L.C.
144 LAKE DRIVE
PALM BEACH SHORES FL 33404

1a. Principal Place of Business Address
144 LAKE DRIVE
PALM BEACH SHORES FL 33404

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|--|
| 3. Date Organized or Qualified 03/04/1997 | 3a. State of Formation FL |
| 4. FEI Number 65-0738969 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report 04/27/1998 | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

7. Name and Address of Current Registered Agent

PAASCHE, IDELLE H
144 LAKE DRIVE
PALM BEACH SHORES FL 33404

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 **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) (New Registered Agent's Signature) (State Treasurer's Signature)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MEM | PAASCHE, IDELLE H | 144 LAKE DRIVE | PALM BEACH SHORES FL |
| MEM | SAUNDERS, CHRISTOPHER | 21526 ST ANDREWS GRAND CIR | BOCA RATON FL |

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****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: *Idelle Paasche* Idelle Paasche 4/12/99 (561)843-1017