

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
ANNUAL REPORT 1998		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		98 JUN 18 PM 2:49	
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 # L97000000328		1a. Principal Place of Business Address	
CASA DE NINOS PROPERTIES, L.C. 1213 EAST SIXTH AVE. TAMPA FL 33605				1213 EAST SIXTH AVE. TAMPA FL 33605	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
2002 E 6th Avenue		3017 Wynfrey Lane		03/19/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
City & State		City & State		FL	
Tampa FL		Marietta GA		4. FEI Number	
Zip		Zip		59-3441773	
33605		30064		5. Date of Last Report	
Country		Country		6. Certificate of Status Desired	
Hillsborough		Colo		S8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
GAINES, STEPHANIE D 1213 EAST SIXTH AVE. TAMPA FL 33605		Name Chris December Street Address (P.O. Box Number is Not Acceptable) 2002 E. 6th Avenue Suite, Apt. #, etc. City Tampa Zip Code FL 33605			
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 4/1/98 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	GAINES, STEPHANIE D	1213 EAST SIXTH AVE.		TAMPA FL	
MEM	GAINES, RONALD	1213 EAST SIXTH AVE.		TAMPA FL	
MEM	DECEMBER, CHRISTOPHER	3 RAVINIA DRIVE, SUITE 290		ATLANTA GA	
MEM	DECEMBER, STEPHANIE M	3 RAVINIA DRIVE, SUITE 290		ATLANTA GA	
MEM	SMITH, MIKE	1213 EAST SIXTH AVE.		TAMPA FL	
900002565959-1 -06/13/98--01097--004 ****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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/1/98

770-353-3228