

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

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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 # L97000000328

CASA DE NINOS PROPERTIES, L.C.
3017 WYNFREY PLACE
MARIETTA GA 30064

99-APR CM

1a. Principal Place of Business Address
2002 E. 4TH AVENUE
TAMPA FL 33605

2 Principal Place of Business 2002 E. 4th Ave Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
City & State Tampa FL	City & State SOME
Zip 33605	Country Hills

3. Date Organized or Qualified 03/19/1997	3a. State of Formation FL
4. FEI Number 59-3441773	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 06/18/1998	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
DECEMBER, CHRIS
2002 E. 4TH AVENUE
TAMPA FL 33605

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, Existing Agent, or New Registered Agent) (Required for all changes)

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 <i>2017 Wynfrey Place</i>	ATLANTA GA <i>Marietta GA 30064</i>
MEM	DECEMBER, STEPHANIE M	3 RAVINIA DRIVE, SUITE 290 <i>2017 Wynfrey Place</i>	ATLANTA GA <i>Marietta GA 30064</i>
MEM	SMITH, MIKE	1213 EAST SIXTH AVE.	TAMPA 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: *Christopher December* 2/10/99 770-422-8241