

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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 JUN 23 PM 4:05

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000411 KRISNIK PROPERTIES, L.C. 4935 CHURCHILL PLACE LAND O LAKES FL 34639

1a. Principal Place of Business Address 4935 CHURCHILL PLACE LAND O LAKES FL 34639
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2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/11/1997	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For
Zip		Zip		59-3438336	<input type="checkbox"/> Not Applicable
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				05/01/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent BREWER, TIMOTHY 4935 CHURCHILL PLACE LAND O LAKES FL 34639

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when re-registering) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BREWER, TIMOTHY JON	4935 CHURCHILL PLACE	LAND O LAKES FL
MGRM	BREWER, VIOLETTE D	4935 CHURCHILL PLACE	LAND O LAKES FL

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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 OFFICER, MANAGER OR MEMBER/MANAGER