
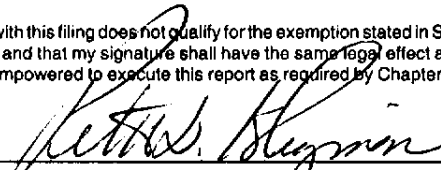


RECEIVED FEB 22 1998

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 98 APR 22 PM 1:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
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 # L97000000452 ALTERNATIVE HOMEMAKING WITH A HEART OF TAMPA BAY, L.C. 5444 BAY CENTER DR., STE. 116 TAMPA FL 33609		1a. Principal Place of Business Address 5444 BAY CENTER DR., STE. 11 TAMPA FL 33609			
2. Principal Place of Business 4604 OLD SAYBROOK AVE P.O. BOX 271664 Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 04/25/1997	
City & State TAMPA, FLA		City & State TAMPA FL		3a. State of Formation FL	
Zip 33624		Country USA		4. FEI Number 700002502387-3 04/28/98 01035-005 FL ***188.75 ***188.75	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
7. Name and Address of Current Registered Agent GOLD, AARON J 704 W. BAY ST. TAMPA FL 33606			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)</small>					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	KLINGMAN, PETER D	4604 OLD SAYBROOK DR.	TAMPA FL		
4/23/98					
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:  4/24/98 (813) 229-3619 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #</small>					