
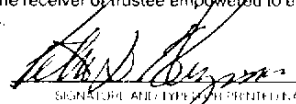


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR -7 PM 2: 23	
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 # L97000000452 ALTERNATIVE HOMEMAKING WITH A HEART OF TAMPA BAY, L.C. P.O. BOX 271664 TAMPA FL 33688-1664		1a. Principal Place of Business Address 4604 OLD SAYBROOK AVE. TAMPA FL 33624			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 04/25/1997 3a. State of Formation FL 4. FEI Number NOT APPLICABLE 5. Date of Last Report 04/22/1998 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
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 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) (NOTE: Registered Agent signature required when changing agent)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	KLINGMAN, PETER D	4604 OLD SAYBROOK DR.		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: 		PETER D. KLINGMAN		3/23/99 (813) 636-8400	
SIGNATURE AND TYPE PRINTED NAME OF LIMITED LIABILITY COMPANY MEMBER OR MANAGER					