

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
99 MAY -3 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L97000000654
LETTUCE LAKE PARK ASSOCIATES, L.C. 1709 KEELY LANE SARASOTA, FL 34232	

1a. Principal Place of Business Address

2. Principal Place of Business 717 FREELING DRIVE Suite, Apt. #, etc. City & State SARASOTA, FL Zip 34242	2a. Mailing Address 717 FREELING DRIVE Suite, Apt. #, etc. City & State SARASOTA, FL Zip 34242	3. Date Organized or Qualified JUNE 18, 1997	3a. State of Formation FLORIDA	4. FEI Number 65-0770525 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
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7. Name and Address of Current Registered Agent W. BUDD MOORE 1709 KEELY LANE SARASOTA, FL 34232	8. Name and Address of New Registered Agent/Office Name W. BUDD MOORE Street Address (P.O. Box Number is Not Acceptable) 717 FREELING DRIVE Suite, Apt. #, etc. City SARASOTA Zip Code FL 34242
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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 reinstating)

10. Title MGRM	Managing Members/Managers W. BUDD MOORE	Business Street Address 717 FREELING DRIVE	City, State and Zip Code SARASOTA, FL 34242
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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:  4/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #