

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  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

L97000000682

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR 12 PM 4:51

**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 # L97000000682**  
THE FRITZ GROUP, L.C.  
2201 2ND ST., STE. 600  
FT. MYERS FL 33901

1a. Principal Place of Business Address  
2201 2ND ST., STE. 600  
FT. MYERS FL 33901

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified 06/24/1997	3a. State of Formation FL
Suite, Apt #, etc	Suite, Apt #, etc	4. FEI Number 65-0769083	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report 04/06/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent JENSEN, CHARLES T 2201 2ND ST., STE. 600 FT. MYERS FL 33901	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 \_\_\_\_\_ DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FRITZ, CHARLES W	2201 2ND ST., STE. 600	FT. MYERS FL
MGR	FRITZ, WILLIAM E	2201 2ND ST., STE. 600	FT. MYERS FL

4000002844804  
-04/20/99--01036--006  
\*\*\*\*188.75 \*\*\*\*188.75

MK  
4/12/99

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: *Charles T. Jensen* Charles Jensen 3/5/99 941-337-3434