

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 23 AM 10:25

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 # L97000000759
LAS BRISAS INVESTMENT, L.C.
78615 HWY 1082
COVINGTON LA

1a. Principal Place of Business Address
78615 HWY 1082
COVINGTON LA

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 07/14/1997	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 72-1388581	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Date of Last Report 03/02/1998	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 FARRINGTON, WILLIAM E 307 SOUTH PALAFOX ST PENSACOLA FL 32501	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
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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 _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MICELLI, SAMUEL A JR	78615 HWY 1082	COVINGTON LA
MGRM	MICELI, SHERRIE A	78615 HWY 1082	COVINGTON LA

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***188.75 ***188.75

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. 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:  **S.A. MICELI, JR** 2/9/99 504/892-0186