

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 SEP-9 PM 3:12	
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 # L97000000783 WEST TRAVERSE BAY PROPERTIES, L.C. C/O ROBERT DOTTERRER 1100 SIXTH STREET TRAVERSE CITY MI 48964		1a. Principal Place of Business Address C/O ROBERT DOTTERRER 1100 SIXTH STREET TRAVERSE CITY MI 48964			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 07/21/1997 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		4. FEI Number 38-3370103		5. Date of Last Report 04/13/1998	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent DOTTERRER, JOHN C ESQ. C/O WINDTHROP, STIMSON, PUTNAM & ROB 125 WORTH AVENUE PALM BEACH FL 33480			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code <div style="text-align: center;">FL</div>		
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 _____		
(By General & not Accepting Appointment) (By FEI Registered Agent Signature) (By President or Officer)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MEM	DOTTERRER, JOHN C	C/O ROBERT DOTTERRER	TRAVERSE CITY MI		
2000028402932-18 -02/11/99--01100--002 ****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. 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: 		3/28/99 616935-0710			