

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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris	
1999		Secretary of State	
		DIVISION OF CORPORATIONS	
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 # L97000000893	
CHRISAMI, L.C. % HANS TANNER 800 LAUREL OAK DR. #200 NAPLES FL 34108		1a. Principal Place of Business Address % HANS TANNER 800 LAUREL OAK DR. #200 NAPLES FL 34108	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified		3a. State of Formation	
08/14/1997		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3463948			
5. Date of Last Report		6. Certificate of Status Desired	
05/26/1998		\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
SULLIVAN, LANA J 800 LAUREL OAK DR. #200 NAPLES FL 34108		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 _____	
(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when not signing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TANNER, HANS E	800 LAUREL OAK DR., SUITE 200 800 LAUREL OAK Drive Suite 200	NAPLES FL 34108 1000002867991 -05/07/99--01126--003 ****188 75 ****188.75 OK
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: _____		April 26, 1999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER OR MANAGER		Date	