

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 APR 22 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # L97000000947
THREE DOG REALTY LLC 5505 FAIRWAY PARK DRIVE #101 BOYNTON BEACH FL 33437	

1a. Principal Place of Business Address
5505 FAIRWAY PARK DRIVE #101 BOYNTON BEACH FL 33437

2. Principal Place of Business	2a. Mailing Address
2201-2225 S. 25 ST	17001 Freshwind circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
FT. Pierce, FL	JUPITER, FL
Zip	Zip
34947	33477
Country	Country
ST. LUCIE	PB

3. Date Organized or Qualified	3a. State of Formation
08/27/1997	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-079-2316	
5. Date of Last Report	6. Certificate of Status Desired
NA	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office
Name NAVARETTA, STEPHEN ATTY
Street Address (P.O. Box Number is Not Acceptable)
1100 SW ST. LUCIE WEST BLVD
Suite, Apt. #, etc.
203
City
PORT ST. LUCIE
FL
Zip Code
34986

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 4/20/98
(Registered Agent Accepts Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BURFORD, PETER	5505 FAIRWAY PARK DRIVE	BOYNTON BEACH FL
MGRM	BURFORD, CAROL	5505 FAIRWAY PARK DRIVE	BOYNTON BEACH FL
		17001 Freshwind circle	JUPITER, FL

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****188.75 ****188.75
4/28/98

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: Peter Burford 4/15/98 748-6220
247-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #