


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 98 APR 13 AM 10:08 SECRETARY OF STATE TALLAHASSEE FLORIDA <i>WR 4/14</i>	
<b>FILING FEE \$ 188.75</b>		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		<b>DOCUMENT #</b> L97000001032				1a. Principal Place of Business Address	
GALSTERER CO., L.C. 1696 S. HERMITAGE FT MYERS FL 33919						1696 S. HERMITAGE FT MYERS FL 33919	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/17/1997		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Date of Last Report		6. Certificate of Status Desired	
				65-0787389		88.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office			
GALSTERER, MAUREEN G 1696 S. HERMITAGE FORT MYERS FL 33919				Name GALSTERER, JEFFREY R. Street Address (P.O. Box Number is Not Acceptable) 1696 S. HERMITAGE RD. Suite, Apt. #, etc. City FT. MYERS FL Zip Code 33919			
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 <i>Jeffrey R. Galsterer</i>				DATE 4/10/98			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)							
10. Title	Managing Members/Managers		Business Street Address		City, State and Zip Code		
MBR	GALSTERER, MAUREEN G		1696 S. HERITAGE		FORT MYERS FL		
MBR	GALSTERER, JEFFREY R		1696 S. HERITAGE		FORT MYERS FL		
					500002490525-- 4 -04/16/98--01050--016 ****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)(l), 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: <i>Maureen G. Galsterer</i>				4/10/98 941-590-9600			
SIGNATURE (IF TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER)				Date Daytime Phone #			