
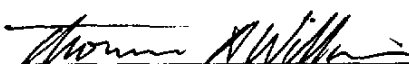


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 20 AM 8:18	
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 # L97000001207 Stone Gate Landings, LLC P.O. Box 2366 Bonita Springs, FL 34133		1a. Principal Place of Business Address 9200 Bonita Beach Rd. Suite 201 Bonita Springs, FL 34135			
2. Principal Place of Business 9200 Bonita Beach Rd. Suite, Apt. #, etc. Suite 201 City & State Bonita Springs, FL Zip 34135		2a. Mailing Address P.O. Box 2366 Suite, Apt. #, etc. City & State Bonita Springs, FL Zip 34133		3. Date Organized or Qualified Oct. 28, 1997 3a. State of Formation Florida 4. FEI Number 593486283 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 1st report-New Co. 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent Thomas A. Williams 9200 Bonita Beach Rd. Suite 201 Bonita Springs, FL 34135		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			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	Premier Income Properties, Inc.	9200 Bonita Beach Rd. Suite 201		Bonita Springs, FL 34135	
MGRM	Jay D. Morrow	9200 Bonita Beach Rd. Suite 201		Bonita Springs, FL 34135	
MGRM	Thomas A. Williams	9200 Bonita Beach Rd. Suite 201		Bonita Springs, FL 34135	
				300002531613--1 -05/21/98--01069--002 *****38.75 *****38.75 \$150.00 Deposited	
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:  Thomas A Williams 5/18/98 (941) 947-2209 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Day/mo/Phone #</small>					