


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 99 APR 28 AM 8:25	
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 # 197000001207 STONE GATE LANDINGS, LLC P.O. BOX 2366 BONITA SPRINGS FL 34133		1a. Principal Place of Business Address 9200 BONITA BEACH ROAD, SUITE BONITA SPRINGS FL 34135			
2. Principal Place of Business 13451 McGregor Blvd. Suite, Apt. #, etc. Suite # 31 City & State Ft. Myers, FL Zip 33919		2a. Mailing Address 13451 McGregor Blvd. Suite, Apt. #, etc. Suite # 31 City & State Ft. Myers, FL Zip 33919		3. Date Organized or Qualified 10/28/1997 3a. State of Formation FL 4. FEI Number 59-3486283 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Date of Last Report 05/20/1998 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent WILLIAMS, THOMAS A 9200 BONITA BEACH ROAD, 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) 13451 McGregor Blvd. Suite, Apt. #, etc. Suite # 31 City Ft. Myers		
			Zip Code FL 33919		
<p>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.</p>					
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 PROPERT	13451 McGregor Blvd. #31		Ft. Myers, FL 33919	
MGRM	MORROW, JAY D	9200 BONITA BEACH ROAD, SU		BONITA SPRINGS FL	
MGRM	WILLIAMS, THOMAS A	13451 McGregor Blvd. #31		Ft. Myers FL 33919	
		9200 BONITA BEACH ROAD, SU		BONITA SPRINGS FL	
		13451 McGregor Blvd. #31		Ft. Myers FL 33919	
		9200 BONITA BEACH ROAD, SU		BONITA SPRINGS FL	
500002870295-4 -05/11/93--01005--003 ****188.75 XXXX188.75					
<p>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.</p>					
SIGNATURE: <u>Thomas A. Williams</u> - U.P. (Premier Income Prop. Inc.) 4-26-99 941/466-5420 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					