


LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
SECT. 100-100000
99 MAY 16 1961

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000001217

JAK DEVELOPMENT LLC
2043 TRADE CENTER WAY
NAPLES FL 34109

1a. Principal Place of Business Address
2043 TRADE CENTER WAY
NAPLES FL 34109

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 11/03/1997	3a. State of Formation FL
4. FEI Number 59-3538997 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 08/31/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

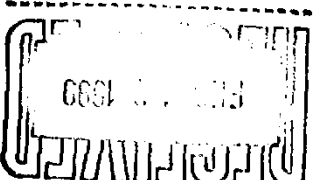
7. Name and Address of Current Registered Agent
LIEBERFARB, STANLEY J 4001 TAMiami TRAIL NORTH, SUITE 330 NAPLES FL 34103

8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt #, etc	
City	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 _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SOAVE, JOHN F	194 MAHOGANY DRIVE	NAPLES FL
MEM	SABLE DEVELOPMENT CO,	4001 TAMiami TRAIL N, SUIT	NAPLES FL
MEM	LIEBERFARB, STANLEY J	4001 TAMiami TRAIL N., SUI	NAPLES FL
MEM	ARMALAVAGE, RICHARD L	1845 TRADE CENTER WAY	NAPLES FL




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****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)(i) Florida Statutes. 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:  4/30/99 941-591-1116