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(1)

FINAL	and File on or be	fore Sept. 30, 1998 of dissolved, minimum	or Limited Liability (m amount due to re	Company will b. Instate: \$688.75	_				
LIMITED LIABILITY COMPANY ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUL 30 PM 4: 12				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE]	c ju in	4. 12			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000001228 FOX RUN PROPERTIES, L.C. P.O. BOX 2502 SANTA ROSA BEACH FL 32459				1a. Principal Place of Business Address 24 SCHOONS WAY SANTA ROSA BEACH FL 32459					
2 Principal Place of Business 2a. Mailin		ng Address		3. Date Organize	Organized or Qualified 3a. State of Formation				
Suite, Apt. #, etc. Suite, Ap		vt. #, etc.		11/03/1 4. FEI Number	997	FL	<u> </u>		
City & State City & St		ate		59-3478127 Applied For Not Applicate					
Zip	Country	Zip	Count	гу	5. Date of Last F	Report		ate of Status	
	7. Name and Address	of Current Registered	Agent	8. i	Name and Address	s of New Regis	lered Agen	/Office	==
SCHOONOVER, RICHARD W 24 SCHOONS WAY SANTA ROSA BEACH FI. 32459 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida			Florida Statutes, the alida Suph phages	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Elip Cod a above-named limited liability company submits this statement fof the process of changing a authorized by affirmative vote of a majority of the members. I hereby accept the appointment					
as registe	red agent, and accept the obli	gations.			ſ	DATE		•	JII GIAMILIA
	(Registered Ag		OTE: Registered Agent signature required when reinstating)						
10. Title	tle Managing Members/Managers B		Busine	ss Street Address		City, State and Zip Code			
MGR	SCHOONOVER,	RICHARD W	P.O. BOX	1979	80	SANTA OOO2* -08/06 ****1	60 8 /380		9 01

SIGNATURE:

SIGNATURE AND TYPLO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.

rereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indication 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 in all ty company or the receiver or trustae 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.

Richard W. Schoonover

Daytime Phone



FOX RUN PROPERTIES, L.C. P.O. BOX 2502 SANTA ROSA BEACH, FL 32459

July 24, 1998

Ms. Sandra B. Mortham Florida Department of State Secretary of State Division of Corporations

Dear Ms. Mortham:

RE: FEI# 59-3478127/ Doc.# L97000001228

I just received a "Second and Final Notice" for filing the annual report for Fox Run Properties for 1998. However, I never did receive the initial notification form from your office and therefore did not know to submit the filing fee of \$188.75. As we just formed our L.L.C. in 11/97, we did not have previous experience of this filing requirement.

My secretary immediately called your office and spoke to Gretchen. Gretchen indicated to us that we should enclose a letter explaining this situation to you along with the completed form and filing fee of \$188.75. We also asked her to send us any information which will acquaint us with any other filing responsibilities we have with your Department so we will avoid problems like this in the future.

Thank you for your understanding and cooperation in this matter.

Sincerely,

Richard W. Schoonover

Manager

Fox Run Properties