

RECEIVED JUL 21 1998

2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 30 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000001294**

PINE ESTATES, L.C.
647 MASSACHUSETTS, SUITE 400
LAWRENCE KS 66044

1a. Principal Place of Business Address

647 MASSACHUSETTS, SUITE 400
LAWRENCE KS 66044

2. Principal Place of Business 10711 SUMMERLIN DR Suite, Apt. #, etc.		2a. Mailing Address 1700 BEN FRANKLIN DRIVE Suite, Apt. #, etc. # 8D		3. Date Organized or Qualified 11/12/1997	3a. State of Formation FL
City & State FT MYERS FL		City & State SARASOTA FL		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33907	Country	Zip 34236	Country USA	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent PFLUGNER, J. GEOFFREY 2033 MAIN STREET, SUITE 101 SARASOTA FL 34237	8. Name and Address of New Registered Agent/Office Name JES SANTAULARIA Street Address (P.O. Box Number is Not Acceptable) 1700 BEN FRANKLIN DRIVE Suite, Apt. #, etc. 8D City SARASOTA FL Zip Code 34236
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9. Pursuant to the provisions of Sections 608.418 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 9/18/98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SANTAULARIA, J E	619 CATTLEMAN ROAD	SARASOTA 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. 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: _____ 9/18/98 941-376-3777
SIGNATURE AND TYPE IN FULL PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #