


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	
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 GMG DEVELOPMENT COMPANY, L.C. 4021 GULF SHORE BLVD N. #2101 NAPLES FL 34103		DOCUMENT # L97000001409			
2. Principal Place of Business		2a. Mailing Address		1a. Principal Place of Business Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4021 GULF SHORE BLVD N. #210 NAPLES FL 34103	
City & State		City & State		3. Date Organized or Qualified 12/16/1997	
Zip		Country		3a. State of Formation FL	
Zip		Country		4. FEI Number 59-3485811	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Date of Last Report 04/22/1998	
Zip		Country		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CONROY, THOMAS III 3838 TAMiami TRAIL NORTH, SUITE 402 NAPLES FL 34103			8. Name and Address of New Registered Agent/Office		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City			City		
Zip Code			Zip Code FL		
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 GALLIFORD, GENEVIEVE M		4021 GULF SHORE BLVD N. #2 # 2101		NAPLES FL, 34103	
300002871179 -05/11/99--01050--020 ****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 606, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>G.M. Galliford</i> G.M. GALLIFORD 4/28/99					

FILED
99 MAY -3 PM 12:07
TALLAHASSEE, FLORIDA