


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILED <i>4/28</i> 98 APR 27 PM 2:20 SECRETARY OF STATE TALLAHASSEE FLORIDA					
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 # L98000000051			
AMERICAN HOMES & PRODUCTS LLC 150 KENT ROAD ST. AUGUSTINE FL 32086		1a. Principal Place of Business Address 150 KENT ROAD ST. AUGUSTINE FL 32086			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/26/1997	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 59-3494298	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> No Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			Name CARL K. DOANE		
			Street Address (P.O. Box Number is Not Acceptable) 150 KENT RD. 800002515718--3		
			Suite, Apt. #, etc. 2A 05/07/98 01093 010		
			City ST. AUGUSTINE		
			Zip Code FL 32086		
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 <i>Carl K. Doane Pres.</i>			DATE FEB. 26, 1998		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	JONES, BURL W	110 BRIARWOOD CIRCLE		GLEN SAINT MARY FL	
MGRM	MARSH, CHARLES F	2855 FORBES STREET		JACKSONVILLE FL	
MGRM	DOANE, CARL K.	8832 ATTER LANE		JACKSONVILLE, FL	

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: *[Signature]* O.M. 2-27-98 904/794-4901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Debiting Phone #