
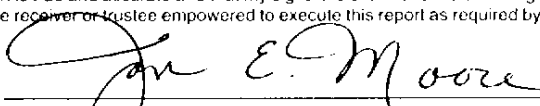


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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 DOCUMENT # L98000000142 3625 POINSETTIA, L.C. 12795 MAIDEN CANE LANE BONITA SPRINGS FL 34135		1a. Principal Place of Business Address 12795 MAIDEN CANE LANE BONITA SPRINGS FL 34135	
2. Principal Place of Business Suite, Apt. #, etc City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc City & State Zip Country	
3. Date Organized or Qualified 02/03/1998		3a. State of Formation FL	
4. FEI Number 59-3499136		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
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 PFEUFFER, WILLIAM A 1124 GOODLETTE ROAD NAPLES FL 34102		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City FL 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	HOLZKAMPER, HENRY	12795 MAIDEN CANE LANE	BONITA SPRINGS FL
MGRM	MOORE, JAN E	12795 MAIDEN CANE LANE	BONITA SPRINGS FL
MGRM	JOSEPH V. FARAGO REV,	2034 NORTH CLARK STREET	CHICAGO IL
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: 		5-9-99 941 498-1677	

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