


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED  99 APR 30 PM 3: 18  SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>																											
1. Name and Mailing Address of Limited Liability Company  <b>WOODLAWN ROAD, LLC</b> <b>279 ST. GEORGE STREET</b> <b>ST. AUGUSTINE FL 32084</b>		<b>DOCUMENT # L98000000411</b>  1a. Principal Place of Business Address  <b>279 ST. GEORGE STREET</b> <b>ST. AUGUSTINE FL 32084</b>																											
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 <b>04/01/1998</b>  3a. State of Formation <b>FL</b>  4. FEI Number  <input checked="" type="checkbox"/> Applied For <input 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  <b>FINNEGAN, JOSEPH P</b> <b>279 ST. GEORGE STREET</b> <b>ST. AUGUSTINE FL 32084</b>			8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City      Zip Code <div style="text-align: right;"><b>FL</b></div>																										
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 _____ <small>(Registered Agent) (Appointing Agent) (Both) (Registered Agent Signature required when appointing)</small>																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>FINNEGAN, JOSEPH P</td> <td>279 ST. GEORGE STREET</td> <td>ST. AUGUSTINE FL</td> </tr> <tr> <td>MGRM</td> <td>FINNEGAN, MARGARET H</td> <td>279 ST. GEORGE STREET</td> <td>ST. AUGUSTINE FL</td> </tr> <tr> <td>MGRM</td> <td>KOEHADE, DERMUT J</td> <td>17 MEADOWBROOK DRIVE</td> <td>DOVER ME</td> </tr> <tr> <td>MGRM</td> <td>HEFFRON, MICHAEL J</td> <td>4700 US 1 NORTH</td> <td>ST. AUGUSTINE FL</td> </tr> <tr> <td>MGRM</td> <td>SMITH, C. KELLY</td> <td>4700 US 1 NORTH</td> <td>ST. AUGUSTINE FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	FINNEGAN, JOSEPH P	279 ST. GEORGE STREET	ST. AUGUSTINE FL	MGRM	FINNEGAN, MARGARET H	279 ST. GEORGE STREET	ST. AUGUSTINE FL	MGRM	KOEHADE, DERMUT J	17 MEADOWBROOK DRIVE	DOVER ME	MGRM	HEFFRON, MICHAEL J	4700 US 1 NORTH	ST. AUGUSTINE FL	MGRM	SMITH, C. KELLY	4700 US 1 NORTH	ST. AUGUSTINE FL
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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.  <b>SIGNATURE:</b> <i>Joseph P. Finnegan</i> 4-28-99      904 824-6068 <small>FOR OFFICIAL USE ONLY: DO NOT WRITE IN THESE SPACES</small>																													