


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		<b>FILED</b> JUL 12 PM 4:13 62 7/19 TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 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 #588.75 PRA AT MEADOWBROOKE , LC P.O. BOX 3911 WOODBIDGE CT 06525		DOCUMENT # L9800000437		1a. Principal Place of Business Address 3835 MCCOY ROAD ORLANDO FL	
2. Principal Place of Business 4834 & 4888 TOWN CENTER DRIVE S.E. GRAND RAPIDS MI Zip 49504 Country USA		2a. Mailing Address BURSE BLDG, 111 S INDEP- SUITE, APT. #, etc. 100 ENDENCE HALL SUITE CITY & STATE PHILADELPHIA, PA Zip 19106 Country USA		3. Date Organized or Qualified 04/03/1998 3a. State of Formation FL	
				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (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	PRA AT MEADOWBROOKE HO	111 SOUTH INDEPENDENCE MAL		PHIDELPHIA PA	
				000002939030--9 -07/22/99--01087--010 ****588.75 ****588.75	
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:		JOSEPH CALITI		7/14/99 (215) 922-4620	
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Date and Phone #	