


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		0011992 10 2:54 0011992 10 2:54	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L98000000498			
1. Name and Mailing Address of Limited Liability Company SCHECK WATER WORKS, L.C. 263 LELY BEACH BLVD., PH-1 BONITA SPRINGS FL 33134			1a. Principal Place of Business Address 4276 BONITA BEACH ROAD BONITA SPRINGS FL 33134		
2 Principal Place of Business 4276 Bonita Beach Rd. Suite, Apt. #, etc.		2a. Mailing Address 263 Barefoot Beach Blvd Suite, Apt. #, etc. PH-1		3. Date Organized or Qualified 04/22/1998	3a. State of Formation FL
City & State Bonita Springs Fl		City & State Bonita Springs Fl		4. FEI Number 59-3506933	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33134	County Lee	Zip 33134	County Collier	5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent SHECK, LEONARD M 263 LELY BEACH BLVD., PH-1 BONITA SPRINGS FL 33134			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 33134		
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>(If Registered Agent Accepting Appointment) (If Not Registered Agent signature required, check box next to name)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SCHECK, LEONARD M	263 LELY BEACH BLVD., PH-1		BONITA SPRINGS FL	
MGRM	THE SCHECK FAMILY LI,	263 LELY BEACH BLVD., PH-1		BONITA SPRINGS 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: <i>Leonard Scheck</i>				2/19/99 9419923822	
<small>SIGNATURE AND TITLE OF REGISTERED OFFICE, SECRETARY, MANAGER, MEMBER OR MANAGER</small>					