


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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 31 PM 3:45

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # 198000000513 FLORIDA APPLE WEST, L.L.C. C/O CHOPIN, MILLER & YUDENFREUND 440 ROYAL PALM WAY, SUITE 200 PALM BEACH FL 33480

1a. Principal Place of Business Address C/O CHOPIN, MILLER & YUDENFR 440 ROYAL PALM WAY, SUITE 20 PALM BEACH FL 33480
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2. Principal Place of Business 440 Royal Palm Way Suite, Apt. #, etc. Suite 200 City & State Palm Beach, FL Zip 33480	Country US	2a. Mailing Address 440 Royal Palm Way Suite, Apt. #, etc. Suite 200 City & State Palm Beach, FL Zip 33480	Country US	3. Date Organized or Qualified 04/27/1998	3a. State of Formation FL	4. FEI Number 65-0830622	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent GEORGAS, GREGORY C/O CHOPIN, MILLER & YUDENFREUND 440 ROYAL PALM WAY, SUITE 200 PALM BEACH FL 33480	8. Name and Address of New Registered Agent/Office Name Miller, Jacqueline S. Street Address (P.O. Box Number is Not Acceptable) 440 Royal Palm Way Suite, Apt. #, etc. Suite 200 City Palm Beach Zip Code FL 33480
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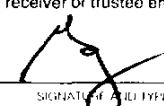
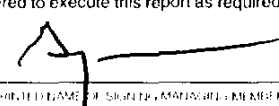
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE  DATE **3/29/99**
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GEORGAS, GREGORY	440 ROYAL PALM WAY, SUITE	PALM BEACH FL

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****188.75 ****188.75

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:   3/3/99 (541) 835-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGER, MEMBER OR MANAGER