


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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 26 AM 10:17

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 CRIB TO COLLEGE L.C. 1909 EAST OLIVE ROAD PENSACOLA FL 32514	DOCUMENT # 198000000543
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1a. Principal Place of Business Address 1909 EAST OLIVE ROAD PENSACOLA FL 32514

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 04/27/1998	3a. State of Formation FL
		4. FEI Number 59-3568039	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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 SCHROLL, STEVE 3038 EAGLE POINT DRIVE PACE FL 32571	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002858250-0 Suite, Apt. #, etc. 04/30/99 01066-013 ****188.75 ****188.75 City FL Zip Code 32571
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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 _____
(Required Agent Accepts Appointment) (If Not Registered Agent Signature is not valid)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCHROLL, STEVE	3038 EAGLE POINT DRIVE	PACE FL
MGRM	BOBE, COREY	6000 NORTHWOOD CT.	MILTON 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: Corey Bobe 4/5/99 850-477-2742
SIGNATURE MUST BE OF REGISTERED AGENT OR MANAGING MEMBER