


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
02 MAR 29 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 COLLETTI BROS. L.L.C. 220 MATTIES WAY DESTIN FL 32541	DOCUMENT # L98000000548
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1a. Principal Place of Business Address 220 MATTIES WAY DESTIN FL 32541

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address COLLETTI BROS. L.L.C. P.O. BOX 5800 DESTIN FL Zip 32540	3. Date Organized or Qualified 04/30/1998	3a. State of Formation FL
Country	Country OKALOOSA	4. FET Number 59.3513445	<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 HICKS, RICHARD 220 MATTIES WAY DESTIN FL 32541	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
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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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when constituting)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HICKS, RICHARD	220 MATTIES WAY	DESTIN FL

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****188.75 ****188.75
CK

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:  2.28.99 850-664-7488
SIGNATURE AND TYPE OF OFFICIAL OF FLORIDA DEPARTMENT OF STATE REQUIRED FOR FILING