


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>FILING FEE \$ 188.75</b> 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 <b>DOCUMENT # L98000000740</b> 261 INVESTMENT, I.C. C/O MICHAEL D. ANNIS ONE TAMPA CITY CENTER, SUITE 2100 TAMPA FL 33602		1a. Principal Place of Business Address 932 GOLVIEW TAMPA FL 33629	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 06/08/1998		3a. State of Formation FL	
4. FEI Number 59-3567765		<input 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 ANNIS, MICHAEL D ONE TAMPA CITY CENTER, SUITE 2100 TAMPA FL 33602		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 _____ <small>(If Registered Agent Accepting Appointment, Print Name of Registered Agent in parentheses and print date of acceptance.)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SULLIVAN, PATRICIA C	932 GOLVIEW	TAMPA 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>Patricia C Sullivan</i> Feb. 22, 1999 <small>SIGNATURE AND PRINTED NAME OF OFFICER, MANAGER, MEMBER OR MEMBER-RECEIVER</small>			