


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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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 # L98000000832 FORT MAITLAND INVESTORS L.C. 800 SOUTH ORLANDO AVENUE MAITLAND FL 32751
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FILED
99 MAR -1 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address 800 SOUTH ORLANDO AVENUE MAITLAND FL 32751
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2. Principal Place of Business 800 S Orlando Ave Suite, Apt. #, etc.	2a. Mailing Address PO Box 945000 Suite, Apt. #, etc.
City & State Maitland FL	City & State Maitland FL
Zip 32751 Country USA	Zip 32714-5000 Country USA

3. Date Organized or Qualified 06/17/1998	3a. State of Formation FL
4. FEI Number 59-35316-9999	<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 <input type="checkbox"/>

7. Name and Address of Current Registered Agent HUMPHRIES, J. GREGORY ESQ. 20 NORTH ORANGE AVE., SUITE 1000 ORLANDO FL 32801
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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

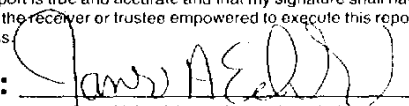
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ <small>(If Registered Agent Accepting Appointment, (CNE) Registered Agent signature required when not filing)</small>	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	EDWARDS, JAMES A	800 SOUTH ORLANDO AVENUE	MAITLAND FL 32751
MGRM	SMITH, JOHN W	800 SOUTH ORLANDO AVENUE	MAITLAND FL
MGRM	ROTH, LARRY M	800 SOUTH ORLANDO AVENUE	MAITLAND FL
MGRM	POWELL, W. SCOTT	800 SOUTH ORLANDO AVENUE	MAITLAND FL

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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: 
2/25/99 407-599-2266