


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 29 PM 4:16

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
DOCUMENT # L98000000869
BRATTLOF DEVELOPMENT GROUP, L.C.
7 FLORIDA PARK DRIVE, SUITE F
PALM COAST FL 32137

1a. Principal Place of Business Address
7 FLORIDA PARK DRIVE, SUITE
PALM COAST FL 32137

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	P.O. Box 351429
City & State	City & State PALM COAST, FL
Zip	Zip 32135-1429
Country	Country FLORIDA

3. Date Organized or Qualified 06/24/1998	3a. State of Formation FL
4. FEI Number 59-3022117	<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 PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115	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 11644
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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's signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	THORNHILL, LESLIE	7 FLORIDA PARK DRIVE, SUITE	PALM COAST FL
MEM	THORNHILL, DARRYL	7 FLORIDA PARK DRIVE, SUITE	PALM COAST FL
MEM	GARDNER, JED	7 FLORIDA PARK DRIVE, SUITE	PALM COAST FL
MEM	GARDNER, NANCY	7 FLORIDA PARK DRIVE, SUITE	PALM COAST FL
MEM	BRATTLOF, JOAN M	7 FLORIDA PARK DRIVE, SUITE	PALM COAST 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: 
DATE: **4/26/99** 904 445-3044