

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
--	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 25 AM 10: 25

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 # L98000000925 ARLINGTON PROPERTIES ENTERPRISES, L.C. C/O CAVCO OF NORTH FLORIDA, INC. 9250 BAYMEADOWS ROAD, SUITE 220 JACKSONVILLE FL 32256	99-AR CM
--	-------------

1a. Principal Place of Business Address C/O CAVCO OF NORTH FLORIDA, 9250 BAYMEADOWS ROAD, SUITE JACKSONVILLE FL 32256
--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	---	---------	---------

3. Date Organized or Qualified 07/01/1998	3a. State of Formation FL
4. FEI Number 59-3521538	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent CRAWFORD, FELIX A C/O CAVCO OF NORTH FLORIDA, INC. 9250 BAYMEADOWS ROAD, SUITE 220 JACKSONVILLE FL 32256
--

B. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL

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 Changing Agent/Office) (NOTE: Registered Agent Signature Required When Reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CRAWFORD, FELIX A	9250 BAYMEADOWS ROAD, SUITE 220	JACKSONVILLE FL

4000002795434--2
-03/05/99--01014--020
****188.75 ****188.75

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: 
