
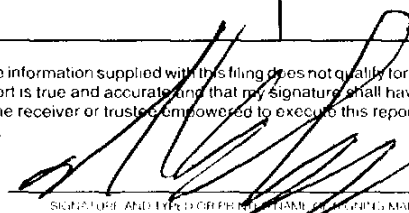


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 20 AM 10:13 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			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000001011			
PEACE RIVER REFUGE, I.L.C. 2200 LAPSLEY LANE BOWLING GREEN KY 42102		1a. Principal Place of Business Address 2200 LAPSLEY LANE BOWLING GREEN KY 42102			
2. Principal Place of Business 4300 SW COUNTY ROAD 769 Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 07/06/1998	
City & State ARCADIA, FL		City & State		3a. State of Formation FL	
Zip 34266		Country U.S.A.		4. FEI Number 59-3519630	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report "INITIAL FILING"	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 400002854004-1 Suite, Apt. #, etc. -04/27/99-01089-010 ****188.75 ****188.75 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 _____	
(The Registered Agent/Company Approves by: (R) (D) Registered Agent/Signatures for purpose of this report)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	KELLEY, BRAD	2200 LAPSLEY LANE		BOWLING GREEN KY	
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: 		BRAD M. KELLEY		4-14-99 (502) 781-9100	
SIGNATURE AND TYPE OR PRINT NAME OF PERSON MAKING STATEMENT WITH CERTIFICATION					