
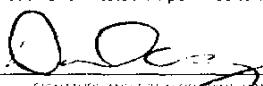


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
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 <b>R.O.P.T., LC 9350 HIGHLAND WOODS BLVD., NO 4302 BONITA SPRINGS FL 34135</b>		DOCUMENT # L98000001013	
2. Principal Place of Business <del>Suite, Apt #, etc.</del> <del>City &amp; State</del> <del>Zip</del> <del>Country</del>		1a. Principal Place of Business Address <b>9350 HIGHLAND WOODS BLVD., N BONITA SPRINGS FL 34135</b>	
2a. Mailing Address <del>Suite, Apt #, etc.</del> <del>City &amp; State</del> <del>Zip</del> <del>Country</del>		3. Date Organized or Qualified <b>07/10/1998</b>	3a. State of Formation <b>FL</b>
		4. FEI Number <b>59-3559993</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report <b>N/A</b>	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent <b>MEYERS, DAVID A 9350 HIGHLAND WOODS BLVD., NO 4302 BONITA SPRINGS FL 34135</b>		8. Name and Address of New Registered Agent/Office <del>Name</del> <del>Street Address (P.O. Box Number is Not Acceptable)</del> <del>Suite, Apt #, etc.</del> <del>City</del> <del>FL</del> <del>Zip Code</del>	
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) (Do Not Register Agent Signature Required When Not a Group)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MEYERS, DAVID A	9350 HIGHLAND WOODS BLVD.,	BONITA SPRINGS FL
2000002832242-16 -04/07/99-01077-014 ****188.75 ****188.75  410			
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: 		DAVID A MEYERS 3-10-99 495-9172	
SIGNATURE AND TITLE OF OFFICIAL (NAME OF OFFICE) (MANAGING MEMBER OR MEMBER)		Date Filed	