




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	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT # 198000001113</b>			
SHELBY HOMES AT THE ENCLAVE, L.C. <del>9050 PINES BLVD., SUITE 250</del> <del>PEMBROKE PINES FL 33024</del>		1a. Principal Place of Business Address <del>9050 PINES BLVD., SUITE 250</del> <del>PEMBROKE PINES FL 33024</del>			
2. Principal Place of Business 2825 UNIVERSITY DR Suite, Apt. #, etc. SUITE 300 City & State CORAL SPRINGS, FL Zip 33065 Country USA		2a. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 07/17/1998 3a. State of Formation FL 4. FEI Number 650850810 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent SIMON, ERIC A <del>9050 PINES BLVD., SUITE 250</del> <del>PEMBROKE PINES FL 33024</del> 2825 UNIVERSITY DR, SUITE 300 CORAL SPRINGS, FL 33065		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 2825 UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE 300 City CORAL SPRINGS FL Zip Code 33065			
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 3/8/99					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SIMON, ERIC A	<del>9050 PINES BLVD., SUITE 250</del> <del>2825 UNIVERSITY DR, SUITE 300</del> 9050 PINES BLVD., SUITE 250 2825 UNIVERSITY DR, SUITE 300		<del>PEMBROKE PINES FL</del> <del>CORAL SPRINGS FL</del> PEMBROKE PINES FL CORAL SPRINGS, FL	
MGRM	SHELLEY, ROBERT				
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:  Eric A Simon 3/8/99 954-757-9300					