
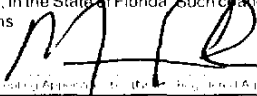
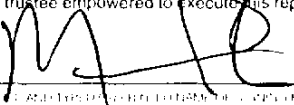


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # L98000001125 A & E DEVELOPMENT OF NW FLORIDA, LLC 82 SIXTH STREET APLACHICOLA FL 32320		1a. Principal Place of Business Address 82 SIXTH STREET APLACHICOLA FL 32320	
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 07/17/1998		3a. State of Formation FL	
4. FET Number 59-3523218		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent MONOD, OLIVER 119 FRANKLIN BLVD. ST. GEORGE ISLAND FL 32328		8. Name and Address of New Registered Agent/Office Name: MORRIS PALMER Street Address (P.O. Box Number is Not Acceptable): 82 SIXTH STREET Suite, Apt. #, etc. City: APLACHICOLA FL Zip Code: 32320	
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: 4-15-99			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ANCHOR VACATION PROPER	119 FRANKLIN BLVD.	ST. GEORGE ISLAND FL
MGRM	EAGLE CONSTRUCTORS, IN	82 SIXTH STREET	APLACHICOLA FL
			500002848245-8 04/22/93-01111-003 ****187.50 ****197.50 4-15-99
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:  4-15-99 (850) 653-4100			