


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
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FILED
99 MAY 27 PM 3:28

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
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001138 PELICAN BAY DEVELOPMENTS III, L.C. 24840 BURNT PINE DRIVE, SUITE 2 BONITA SPRINGS FL 34134
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1a. Principal Place of Business Address 24840 BURNT PINE DRIVE, SUIT BONITA SPRINGS FL 34134
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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3. Date Organized or Qualified 07/15/1998	3a. State of Formation FL
4. FEI Number	<input checked="" 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 type="checkbox"/>

7. Name and Address of Current Registered Agent CONROY, J. THOMAS III MORRISON & CONROY, III 3838 TAMiami TRAIL NORTH, SUITE 402 NAFLES FL 34103
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002899310---8 Suite, Apt. #, etc. -06/09/99--01038--038 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 _____
(Registered Agent Accepting Appointment) (If Not Registered Agent signature required when new group)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	NASHMAN, JAMES A	24840 BURNT PINE DRIVE, SU	BONITA SPRINGS FL
MGRM	LAUER, RICHARD A	24840 BURNT PINE DRIVE, SU	BONITA SPRINGS FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Richard A. Lauer** 5-1-99 941-498-5363