


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 SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR 23 AM 8:21	
<b>FILING FEE \$ 188.75</b>		<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>ANZ EXOTIC FLOWERS &amp; FOLIAGE, L.C.</b> <b>14802 CAPTIVA DRIVE</b> <b>CAPTIVA FL 33924</b>		<b>DOCUMENT # L98000001159</b>  1a. Principal Place of Business Address  <b>14802 CAPTIVA DRIVE</b> <b>CAPTIVA FL 33924</b>			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc. <b>P.O. Box 433</b> City & State <b>CAPTIVA, FL</b> Zip      Country <b>33924      U.S.A.</b>		3. Date Organized or Qualified <b>07/21/1998</b>  4. FEI Number <b>52-2105867</b>  5. Date of Last Report <b>NONE - WE'RE STILL IN 1ST YR</b>  3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>BOYLE, JAMES C</b> <b>14802 CAPTIVA DRIVE</b> <b>CAPTIVA FL 33924</b>			8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) <b>14790 CAPTIVA DR.</b> Suite, Apt. #, etc.  City      Zip Code <b>FL      33924</b>		
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 <i>James C. Boyle</i>		DATE <b>4/12/99</b>			
10. Title      Managing Members/Managers      Business Street Address      City, State and Zip Code					
MGR      BOYLE, JAMES C		<b>14802 CAPTIVA DRIVE</b> <b>14790</b>		<b>CAPTIVA FL, 33924</b>	
MGR/M      BAINOR-BOYLE, FRANCES		<b>14790 CAPTIVA DR.</b>		<b>CAPTIVA, FL 33924</b>	
200002858112-0 -04/30/99 -01059-018 ****188.75 ****188.75					
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: <i>James C. Boyle</i> JAMES C. BOYLE, 4/12/99      345-0830					