LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS AND							-5 PH 3	. <b>45</b>	5/	12	
\$ 188.1 1 Name a	75 Mailing A	nual Report \$10 ake Check Paya	0.00 + \$88.75 ble To: FLOI CUMEN	RIDA DEPA	RTMEN	T OF S	TATE	Alber N	Adlit		
	ed Leability Co	OF CORAL						1a. Principal Pu	ace of Busines	s Address	
2	2750 S	TICKNEY P TA FL 342	OINT RO		ITE 2	01		2750 S SARASO			NT ROAD, S
2 Principa	l Place of Bu	iling Address				Date Organized or Qualified 3a. State of Formation					
Surie Apt #, etc			Suite. A	Suite. Apt. #, etc				07/23/1998 FL			
Criy & State				City & State				165-0001087			Applied For Not Applicable
<b>Z</b> ip	Country 2		<b>Ž</b> ip	P Count		5. Date of Last I				icate of Status Desired	
	7. Name	and Address of Cu	rrent Registere	d Agent		Name	B. N	iame and Addres	s of New Reg	istered Age	nVOttice
NELSON-HESSE 2070 RINGLING BLVD. SARASCTA FL 34237				Suite. Apt. #, etc.			P.O. Box Number is Not Acceptable)				
						City			FL	Zip Code	2
its registere	ed office or reg	sions of Sections 608 listered agent, or both accept the obligation	, in the State of Fig	8, Florida Stat orida, Such ch	utes, the all	pove-nam uthorized	ed limited l by affirmati	ability company sive vote of a majorit	ubmits this sta	tement for tr	ne purpose of changing accept the appointmen
SIGNATUR	RE		· ••			·			DATE		
10. Title	Title Managing Members/Managers			iNCT: Registered Agencisignature required when revision of Business Street Address				City, State and Zip Code			Zıp Code
MGRM	DOOLE	OOOLEY, WILLIAM R			2750 STICKNEY POIN			T ROAD,	SARASOTA FL		
MGRM	SMITH, KENNETH D		D	2750 STICKNEY POIN			T ROAD,	SARASOTA FL			
•	•							<b>9</b> 1	-05/	<mark>/19/99-</mark>	5453()54 -01004001 5 ****188.1
indicated on limited liabilit attachment s	this annual re	eport is true and accurate rate receiver or trusto	rate and that my :	signature shal	have the s	ame lega	effect as if	f made under oath:	that I am a mu	anaging men	ntify that the information inber or manager of the rs in Block 10, or on ar

INHSE 10 R (12-98)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY MANAGERS MYMRED OR MANAGER

Des