
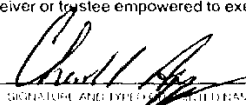


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB 25 AM 10:25	
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 COASTAL PRIDE, LC 9250 BAYMEADOWS ROAD, SUITE 220 JACKSONVILLE FL 32256 99-AR CM				DOCUMENT # 198000001301			
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 08/03/1998 3a. State of Formation FL 4. FEI Number 59-3530179 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 WODRICH, MICHAEL A ESQ. 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE FL 32207				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL			
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 _____			
10. Title Managing Members/Managers Business Street Address City, State and Zip Code							
MGRM CAVCO OF NORTH FLORIDA 9250 BAYMEADOWS ROAD, SUITE JACKSONVILLE FL 200002795432--8 -03/05/99--01014--019 ****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:  2-22-99 904-636-0032							