


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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10/27
FILED
99 OCT 27 AM 10:47

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 # L99000001446
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MEADOW, L.C.
5543 Kingsmere
SARASOTA FL 34235

1a. Principal Place of Business Address

5543 Kingsmere
SARASOTA FL 34235

2. Principal Place of Business 5543 Kingsmere Suite, Apt. #, etc.	2a. Mailing Address P.O. Box 10128 Suite, Apt. #, etc.
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3. Date Organized or Qualified August 13, 1998	3a. State of Formation FLORIDA
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City & State SARASOTA FL Zip 34235	Country USA	City & State SARASOTA FL Zip 34278	Country USA
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4. FEI Number 65-0860021	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> SA 75 Additional Fee Required <input type="checkbox"/>
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7. Name and Address of Current Registered Agent

GREG A. BETTERTON
915 S. TAMiami TRAIL
NOKomis FL 34275

8. Name and Address of New Registered Agent/Office

Name
GREG A. BETTERTON
Street Address (P.O. Box Number is Not Acceptable)
909 S. TAMiami TRAIL
Suite, Apt. #, etc.
SUITE 130
City
NOKomis
Zip Code
FL 34275

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

G. A. Betterton

DATE 7/20/99

10. Title Managing Members/Managers Business Street Address City, State and Zip Code

MEMBER HORST SIEBEN 5543 Kingsmere SARASOTA FL 34235

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***597.50 ***597.50

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:

Horst Sieben MANAGER

9/10/99

SIGNATURE AND FULLY PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #