

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

WL  
10/27  
**FILED**  
99 OCT 27 AM 10:47

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L9900001446**

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.

3. Date Organized or Qualified  
August 19, 1998  
3a. State of Formation  
FLORIDA

City & State  
SARASOTA FL  
Zip  
34235  
Country  
USA

City & State  
SARASOTA FL  
Zip  
34278  
Country  
USA

4. FEI Number  
65-0860021  
 Applied For  
 Not Applicable

5. Date of Last Report  
6. Certificate of Status Desired  
 \$175 Additional Fee Required

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 FL  
Zip Code  
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 *J. G. A. BATE*

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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: *H. S. Sieben* MANAGER

9/10/99