


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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		RECEIVED SECRETARY OF STATE DIVISION OF CORPORATIONS  JAN 10 AM 9:52	
<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>					
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L98000001447</b>  SANDLES I, L.L.C. 732 LIVE OAK TERRACE, N.E. ST. PETERSBURG FL 33703			<b>1a. Principal Place of Business Address</b> 732 LIVE OAK TERRACE, N.E. ST. PETERSBURG FL 33703		
<b>2. Principal Place of Business</b> 732 Live Oak Ter NE Suite, Apt. #, etc.		<b>2a. Mailing Address</b> Same		<b>3. Date Organized or Qualified</b> 08/13/1998	
<b>City &amp; State</b> St Petersburg FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3537085	
<b>Zip</b> 33703		<b>Country</b> Pinellas		<b>5. Date of Last Report</b>	
				<b>6. Certificate of Status Desired</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>  KOTT, CHARLES L 732 LIVE OAK TERRACE, N.E. ST. PETERSBURG FL 33703			<b>8. Name and Address of New Registered Agent/Office</b> Name: Charles L. Kott Street Address (P.O. Box Number is Not Acceptable): 732 Live Oak Ter N.E. Suite, Apt. #, etc.: City: St Petersburg FL Zip Code: 33703		
<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.</b>					
SIGNATURE _____			DATE _____		
<small>(For Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required When Filing Report)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGR	KOTT, CHARLES L	732 LIVE OAK TERRACE, N.E.		ST. PETERSBURG FL	
900002803669-8 -03/12/99-01011-008 ****188.75 ****188.75					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Charles L. Kott</u> <u>FEB 28, 1999 (727) 528-9549</u>					