


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 99 APR 15 PM 4:14 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																																					
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001588 FLORIDA CHOICE INVESTORS, L.C. 1250 MT. HOMER ROAD, SUITE 4 EUSTIS FL 32726-6268			1a. Principal Place of Business Address 1250 MT. HOMER ROAD, SUITE 4 EUSTIS FL 32726																																		
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 08/24/1998 3a. State of Formation FL 4. FET Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																	
				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 ROY, STEVEN M ESQ. 1000 W. MAIN STREET LEESBURG FL 34748			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 _____																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>CARUTHERS, THOMAS M</td> <td>10430 SUMMIT SQUARE DRIVE</td> <td>LEESBURG FL</td> </tr> <tr> <td>MGRM</td> <td>BARTCH, DALE E</td> <td>11266 LANE PARK ROAD</td> <td>TAVARES FL</td> </tr> <tr> <td>MGRM</td> <td>BAUMANN, JEFFREY D MD</td> <td>1648 BRIDGEWATER DRIVE</td> <td>HEATHROW FL</td> </tr> <tr> <td>MGRM</td> <td>DESAI, PARESH G MD</td> <td>507 NW 9TH AVE.</td> <td>CRYSTAL RIVER FL</td> </tr> <tr> <td>MGRM</td> <td>HOFMEISTER, TOM J</td> <td>9055 COUNTRY CLUB ROAD</td> <td>EUSTIS FL</td> </tr> <tr> <td>MGRM</td> <td>LAROE, C. MICHAEL</td> <td>33940 LEE AVENUE</td> <td>LEESBURG FL</td> </tr> <tr> <td colspan="4" style="text-align: center;">SEE CONTINUATION PAGE</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	CARUTHERS, THOMAS M	10430 SUMMIT SQUARE DRIVE	LEESBURG FL	MGRM	BARTCH, DALE E	11266 LANE PARK ROAD	TAVARES FL	MGRM	BAUMANN, JEFFREY D MD	1648 BRIDGEWATER DRIVE	HEATHROW FL	MGRM	DESAI, PARESH G MD	507 NW 9TH AVE.	CRYSTAL RIVER FL	MGRM	HOFMEISTER, TOM J	9055 COUNTRY CLUB ROAD	EUSTIS FL	MGRM	LAROE, C. MICHAEL	33940 LEE AVENUE	LEESBURG FL	SEE CONTINUATION PAGE			
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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: <i>Thomas M. Caruthers</i> <i>Thomas M. Caruthers</i> 3/4/99 352/589-7500																																					