		-						
	or before May 1, 1999 or Limited to a \$ 400.00 LATE FEE.	l Liability Com	pany will be					
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED				
PILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee				60 APR 23 FN 5: 00				
	.75 Make Check Payable To: FLOR and Mailing Address DOCUMENT	IDA DEPARTMENT			CREAMS.	(4.57%) (1.689)	\	
APOLLO BEACH CENTER, L.C.				1a. Principal Pla	ce of Business A	Address		
226 NORTH DUVAL STREET TALLAMASSEE FL 32301				226 NORTH DUVAL STREET TALLAHASSEE FL 32301				
2 Principal Place of Business 6412 US Highway41N 6412 US Hyw41 North				3. Date Organized or Qualified 3a. State of Formation 08/31/1998 FL				
Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number				
Apono Beach, Fr Aprico Beach, FL				59-3536/63 Applied For Not Applicable				
Zip	Country	Country	'S A	5. Date of Last F	leport	6. Certificate of \$8.75 Additional	Status Desired	
7. Name and Address of Current Registered Agent B. N				Name and Address of New Registered Ag		ered Agent/Offi		
226	ICK, JAMES M NORTH DUVAL STREET AHASSEE FL 32301		Street Address (P 64/2 / Suite, Apt. #, etc.					
•			Apour		<u> </u>	3357	2	
its register	int to the provisions of Sections 608.416 and 608 508 ed office or registered agent, or bother the State of Flo red agent, and accept the obligations.							
SIGNATURE THE SIGNATURE LEMMED LE PHAGAN 1864 tores Agreed of entire Phagan I that I be control as greater than the state of the state				DATE 4/7/99				
10 . Title	Managing Members/Managers	Busines	Business Street Address		City		, State and Zip Code	
MGRM	PHAGAN, RICHARD L	928 ALLEGE	RO LANE	APOLLO BEACH FL			FL	
MGRM	PHAGAN, JUDITH D	928 ALLEGI	RO LANE	APOLLO DEACH FL		FL		
MGRM	RUDNICK, JAMES M	226 NORTH	DUVAL ST	TREET TALLAHASSEE FL			.r	
				51	00003 -04/2 ****	28569 9/39-010 189.75	19:55	
11 Ido 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 flability 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: **THEORY** THEORY** AND THE PROOF TO THE PROOF THE PROO								
SIGN	ATURE: Malagin			AGAN	4/1/99	641-	280D	

INHSE10 R (12-98)