LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						SLORE TARY OF STATE DIVISION OF COMPORATIONS 99 APR 26 AM 1:32			
\$ 188.75 Name and Mailin of Limited Liablin L. & 2306	Make Check Payable	To: FLORI IMENT RISES (# 1980	TMENT	OF STATE 1733 ER, L.C		ice of Business A	Address	
Principal Place	1 .	2a. Mailing Address				3. Date Organized or Qualified		3a. State of Formation	
30 GULF BLVD Suite, Apt. #, etc.			30 GULF BLVD Suite, Apt. #, etc.			09/04/1998		FL	
UNIT H	UNIT	UNIT H			4. FEI Number 59-3543750 5. Date of Last Report			Applied For	
City & State INDIAN ROCKS BEACH, FL			City & State INDIAN ROCKS BEACH, FL					Not Applicabl	
Žip	Country	Zip		Country	 	5. Date of Last Report Name and Address of New Regis)	te of Status Desired
33785	PINELLAS Name and Address of Curren	3378		1 LINI	ELLAS				
is registered office is registered agen	provisions of Sections 608 416 or registered agent, or both, in tit, and accept the obligations.	he State of Flo	rida. Such char	nge was au	ove-named limite thorized by affirm	ative vote of a major	submits this state	rs. I hereby ac	
SIGNATURE (Registred Agent Accepting Appointment) (NOTE Regis 10. Title Managing Members/Managers				Registered Agent signature is quired when remstating) Business Street Address			City, State and Zip Code		
}	GRN GREGG, LULAN E			2306 NASH ST. 30 GULF BLVD, APT C 2306 NASH ST. 30 GULF BLVD, APT C			CLEARWATER FL INDIAN ROCKS BEACH 33785 CLEARWATER FL INDIAN ROCKS BEACH 33785 INDIAN ROCKS BEACH 33785 41111286384 -05/07/99-01018-008 ****188.75 ****188.75		
indicated on this a	tify that the information supplied naual report is true and accurat spany or the receiver or trustee,	e and that my :	signature shall	have the s	ame legal effect	as if made under oa	th; that I am a ma	anaging memi	ber or manager of t

SIGNATURE: