

**2<sup>nd</sup> and FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED** *WR/19*

99 AUG 17 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE \$ 588.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L98000001750**

~~COUNTRY LIFE, LLC  
117 BOUGANVILLE DRIVE  
PONTE VEDRA BEACH FL 32082~~

1a. Principal Place of Business Address

~~117 BOUGANVILLE DRIVE  
PONTE VEDRA BEACH FL 32082~~

2. Principal Place of Business 8601 Beach Blvd Suite, Apt. #, etc. Suite 107 City & State Jacksonville FL Zip 32216	Country US	2a. Mailing Address 8601 Beach Blvd Suite, Apt. #, etc. Suite 107 City & State Jacksonville FL Zip 32216	Country US
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3. Date Organized or Qualified 09/01/1998	3a. State of Formation FL
4. FEI Number 59-3639031	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

FINLAY, CHRISTOPHER  
117 BOUGANVILLE DRIVE  
PONTE VEDRA BEACH FL 32082

8. Name and Address of New Registered Agent/Office

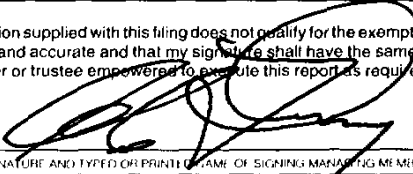
Name  
Street Address (P.O. Box Number is Not Acceptable)  
500002969745--0  
Suite, Apt. #, etc.  
08/25/99 01065 007  
\*\*\*\$88.75 \*\*\*\$88.75  
City  
FL  
Zip Code

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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

1a. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FINLAY PROPERTIES, INC	117 BOUGANVILLE DRIVE	PONTE VEDRA BEACH FL

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 on the report, on an attachment with an address.

**SIGNATURE:**  *8/17/99 645-3030*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER