
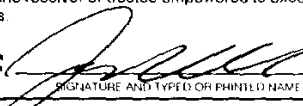


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001949 PREFERRED REALTY GROUP, L.C. 221 ROYAL PALM DRIVE MARCO ISLAND FL 34145		1a. Principal Place of Business Address 221 ROYAL PALM DRIVE MARCO ISLAND FL 34145	
2. Principal Place of Business 12675 TAMiami TRAIL E. Suite, Apt. #, etc. NAPLES, FL City & State 34113 Zip Collier	2a. Mailing Address 12675 TAMiami TRAIL E. Suite, Apt. #, etc. NAPLES, FL City & State 34113 Zip Collier	3. Date Organized or Qualified 09/22/1998	3a. State of Formation FL
		4. FEI Number 59-3553041	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report N/A	6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
7. Name and Address of Current Registered Agent ROCHE, CHRISTOPHER A 221 ROYAL PALM DRIVE MARCO ISLAND FL 34145		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 229 N. COLLIER BND. Suite, Apt. #, etc. City MARCO ISLAND FL Zip Code 34145	
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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when making change)		DATE	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MAFFEI, FRANK	142 LA PENINSULA BOULEVARD	NAPLES FL
MGRM	GOGGIN, GAIL L	P.O. BOX 426	NAPLES FL
			400002819194--4 -03/26/99--01003--007 ***197.50 ***197.50 SL 3-22-99
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:  FRANK A. MAFFEI 2-12-99 (941) 417-3300			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA