
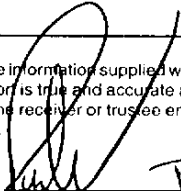


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 11 AM 10:23	
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 # L98000001960 1998 LAKE CITY ASSOCIATES, L.L.C. 363 ATLANTIC BLVD., SUITE 3 ATLANTIC BEACH FL 32233			1a. Principal Place of Business Address 363 ATLANTIC BLVD., SUITE 3 ATLANTIC BEACH FL 32233		
2. Principal Place of Business 363 Atlantic Blvd. Suite, Apt. #, etc. Suite 3-A City & State Atlantic Beach, FL Zip 32233 Country US		2a. Mailing Address 363 Atlantic Blvd. Suite, Apt. #, etc. Suite 3-A City & State Atlantic Beach, FL Zip 32233 Country US		3. Date Organized or Qualified 09/23/1998 4. FEI Number 59-3537700 5. Date of Last Report	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent FAIRBANKS, RANDAL C 217 PONTE VEDRA PARK DRIVE, SUITE 20 PONTE VEDRA BEACH FL 32082			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;">FL</div> 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 _____		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature, required when re-registering)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	FERBER, PAUL S	363 ATLANTIC BLVD., SUITE 3		ATLANTIC BEACH FL	
500002806005- - 0 -03/15/99 -01102--012 ****197.50 ****197.50					
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:  Paul S. Ferber 3/3/99 904-247-2814					