


LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 <div>FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS</div>		FILED 99 MAR 16 AM 9:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # L98000001995		1a. Principal Place of Business Address	
ST. CLOUD OFFICE PROPERTIES, L.C. P.O. BOX 692049 ORLANDO FL 32819				9430 TURKEY LAKE ROAD, SUITE ORLANDO FL 32819	
2. Principal Place of Business 9430 Turkey Lake Rd Suite, Apt. #, etc. Suite 212 City & State Orlando, FL Zip 32819		2a. Mailing Address Suite, Apt. #, etc. City & State Country Orange		3. Date Organized or Qualified 09/25/1998 3a. State of Formation FL 4. FEI Number 59-3549043 5. Date of Last Report 6. Certificate of Status Desired S8 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
FULFORD, WM. PATRICK ESQ. WRIGHT, FULFORD, MOORHEAD & BROWN, P 145 NORTH MAGNOLIA AVENUE ORLANDO FL 32801		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____			
10. Title		Managing Members/Managers		Business Street Address	
MGRM STEELE, WILLIAM A DR.		8738 LAKE TIBET COURT		ORLANDO FL	
MGRM STEELE, MICHELLE		8738 LAKE TIBET COURT		ORLANDO FL	
				100002817531-2 -03/24/99--01034--013 ****188.75 ****188.75 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: _____		3/10/99 407 363-4541			