LIMITE A	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED 99 MAR 16 AM 9: 36					
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 led Liability Company	UMEN	Γ# L980	0000	02030	1	TÄLLÄÏ	IASSEE,	FLORIDA
GROVEWAY DEVELOPMENT, L.C. 2055 TRADE CENTER WAY NAPLES FL 34109					1a. Principal Place of Business Address 2055 TRADE CENTER WAY NAPLES FL 34109				
2 Principal Place of Business 2a. M			Mailing Address			3. Date Organized or Qualified 3a. State of Formation 09/29/1998 FL			
Suite, Apt	#, etc.	Suite, A	Suite, Apt. #, etc.			4 FFI Number			
City & Stal	e	City & S	ate			ا	8 7015	4	Applied For Not Applicable
Zip	Country	Zip		Coun	try	5. Date of Las	Report		ate of Status Desired
7. Name and Address of Current Registered			Agent		8. Name	Name and Addre	ss of New Regi	stered Agen	t/Office
its register	nt to the provisions of Sections 608.41 ed office or registered agent, or both, in red agent, and accept the obligations.								
10. Title	Professional Agent signal are recovered wave track through Business Street Address City, State and Zip Code								
MGR				25099 PINEWATER COVE LANE BONITA SPRINGS FL					
MGR COTTER, JEFFREY J			90 MINNEHAHA CIRCL			LE MAITLAND FL			
						00	00002 -03/2 ****	'6:1 7' 4/930 188.75	5,40 4)1034016 ****188.75
							5	7.22	.99
	eby certify that the information supplied in this annual report is true and accurat lifty company or the receiver or trustee								

INHSE10 R (12-98)