



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 APR -6 AM 9:46	
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 # L98000002037 REAL DEAL OF WEST FLORIDA, L.C. P.O. BOX 630 LITHIA FL 33547		1a. Principal Place of Business Address 5025 W. LEMON STREET TAMPA FL 33609			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/05/1998 3a. State of Formation FL 4. FEI Number 59-3536177 <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 MCDERMOTT, MICHAEL J ESQ. 791 WEST LUMSDEN ROAD BRANDON FL 33511		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 5025 W LEMON ST TAMPA FL 33609 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 _____			
(The registered Agent Accepting Appointment in Block 10. The registered Agent signature is required in Block 11.)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	QUINZI, TODD	5003 MUIRWAY		LITHIA FL 33547	
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: 		3-9-99 813 642223			
SIGNATURE AND TYPE (OR PRINTED NAME OF SECRETARY, MANAGER, MEMBER OR MANAGER)					