


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 MAY -3 AM 11:32	
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 # L98000002065		1a. Principal Place of Business Address	
ACHIEVEMENT ENTERPRISES, L.L.C. 6877 U.S. HIGHWAY 441 S.E. OKEECHOBEE FL 34974		aa-af cm		6877 U.S. HIGHWAY 441 S.E. OKEECHOBEE FL 34974	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
6877 US 441 SE		6877 US 441 S.E.		09/29/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
City & State		City & State		FL	
OKEECHOBEE, FL		OKEECHOBEE, FL		4. FEI Number	
Zip		Zip		65-0864682	
34974		OKEECHOBEE 34974 OKEECHOBEE		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office		5. Date of Last Report	
SPISAK, EDWARD S 4601 33RD AVENUE W. BRADENTON FL 34209		Name SPISAK, EDWARD S. Street Address (P.O. Box Number is Not Acceptable) 5602 SE 67th AVE Suite, Apt. #, etc.		6. Certificate of Status Desired	
		City OKEECHOBEE FL		875 Additional Fee Required <input type="checkbox"/>	
		Zip Code 34974			
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 _____ (Registered Agent Accepting Appointment) (If "D" Board Registered Agent Signature required, attach separate sheet)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SMITH, LAWRENCE W TRUS	4237 KINFOLK COURT		LAKELAND MI	
MGRM	SMITH, CORINNE J	6877 US. 441 SE		OKEECHOBEE	
		4237 KINFOLK COURT		LAKELAND MI FL	
		6877 US. 441 SE		11 34974	
*****188.75 *****188.75					
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: <u>Corinne J. Smith / CORINNE J. SMITH</u> 941-357-2403					