


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN 16 AM 10:27

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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| FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee |
| \$ 188.75 | Make Check Payable To: FLORIDA DEPARTMENT OF STATE |

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| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002205 LUTGEN MANAGEMENT, L.L.C. C/O 25413 ALICANTE DRIVE BONITA SPRINGS FL 34134 |
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| 1a. Principal Place of Business Address C/O 25413 ALICANTE DRIVE BONITA SPRINGS FL 34134 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|--------------------------------|---|
| 3. Date Organized or Qualified | 3a. State of Formation |
| 10/09/1998 | FL |
| 4. FEI Number | <input type="checkbox"/> Applied For |
| 59-3557620 | <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report | 6. Certificate of Status Desired |
| | \$8.75 Additional Fee Required <input type="checkbox"/> |

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| 7. Name and Address of Current Registered Agent BRADLEY, TODD L ESQ. 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108 |
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| 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 300002911173 -06/21/99 --01150--008 City ****188.75 FL |
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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 a 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) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|--------------------------|--------------------------|
| MGR | LUTGEN, H. MICHAEL | C/O 25413 ALICANTE DRIVE | BONITA SPRINGS FL |

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: *H Michael Lutgen* 4/24/99 941948 1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dated Page #