


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	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L98000002323	
1. Name and Mailing Address of Limited Liability Company MONTEREY POINTE, L.C. 896 SANDALWOOD PLACE JENSEN BEACH FL 34957		1a. Principal Place of Business Address 896 SANDALWOOD PLACE JENSEN BEACH FL 34957	
2. Principal Place of Business 950 SE MONTEREY RD. Suite, Apt. #, etc.		2a. Mailing Address PO BOX 717 Suite, Apt. #, etc.	
City & State STUART, FLORIDA Zip Country 34995 USA		3. Date Organized or Qualified 10/20/1998 3a. State of Formation FL 4. FEI Number 65-0877816 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent COLLINS, CLARK E 896 SANDALWOOD PLACE JENSEN BEACH FL 34957		5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
B. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		700002803247-5 -03/11/99--01113--022 ****188.75 ****188.75 FL	
<p>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.</p>			
SIGNATURE _____		DATE _____	
<p>(Registered Agent Accepting Appointment) (Not for use by a person who is not a member of the company)</p>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	C.E. COLLINS, INC.	896 SANDALWOOD PLACE	JENSEN BEACH FL
<p>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.</p>			
SIGNATURE: <i>Clark E. Collins</i>		3/2/99	
<small>SIGNATURE AREA FOR CORPORATE NAME OR OFFICER, MANAGER, MEMBER OR BENEFICIAL OWNER</small>		<small>FILED</small> MAR 10 1999	

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA