


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>STRUBLE COLLECTION, L.C. 1495 RAILHEAD BLVD., #5 NAPLES FL 34110</b>		<b>DOCUMENT #</b> L98000002329	
2. Principal Place of Business <b>SAME AS ABOVE</b>		1a. Principal Place of Business Address <b>1495 RAILHEAD BLVD., #5 NAPLES FL 34110</b>	
Suite, Apt. #, etc. <b>"</b>		3. Date Organized or Qualified <b>10/16/1998</b>	
City & State <b>"</b>		3a. State of Formation <b>FL</b>	
Zip <b>"</b> Country <b>COLLIER</b>		4. FEI Number <b>59-3538602</b>	
7. Name and Address of Current Registered Agent <b>LOWDER, CATHERINE 24753 HOLLYBRIER LANE BONITA SPRINGS FL 34134</b>		5. Date of Last Report	
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>	
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 <i>X Catherine Lowder</i> DATE <b>2/18/99</b>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	STRUBLE, WARD S	24752 HOLLYBRIER LANE	BONITA SPRINGS FL
MGRM	LOWDER, CATHERINE	24752 HOLLYBRIER LANE	BONITA SPRINGS FL
			8000002789238-1 02/28/99 01100 009 ***188.75 ***188.75 <b>62-25-99</b>
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: <i>Ward Struble</i> <b>WARD STRUBLE</b> <b>2/18/99 (94) 593-9105</b>			