File on or before May 1, 1999 or Limited Liability Company will be

		0.00 LATE FE		Liak	,,,,,,,		y will be					
-51°A				LORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED				
FILING 1 \$ 188.		al Report \$100.00 e Check Payable			99 FEB 22 PH 2: 18							
1. Name a	and Mailing Addr ted Liability Com	ess DOCI	JMENT	- #		000024		47	ECINETARY ( LLAHASSEE	, reun	ĎA	
JEANNE DAILEY COLETTA, LLC P.O. BOX 1779 DESTIN FL 32540								91 OLD HIGHWAY 98, SUITE 210 DESTIN FL 32541				
2 Principal Place of Business 2a. Maili				ng Address				3. Date Organized or Qualified 3a. State of Formation				
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				10/29/1998 FL Applied For				
City & State			City & Sta	ate				50 25/15000 H			Not Applicable	
Zıp	Country Zip			Countr							Certificate of Status Desired .75 Additional Fee Required	
	7. Name a	nd Address of Currer	nt Registered	Agent		Nam		ame and Addre	ess of New Registe	ered Agent	/Office	
					Suite City	above-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. I hereby accept the appointment						
SIGNATURE WHAT A SHOULD A SHOU				ate beg	Jenet April	Sugar Sector spirites	When territorial sign	DATE 2/18/99				
10. Title Managing Members Managers			Business Street Address				City, State and Zip Code			ip Code		
MGR	DAILEY	-COLETTA,	JEANNE	91	OLD	HIGHW	AY 98,	SUITE	2 DESTIN	FL		
MEM	JEANNE	DAILEY-CO	LETT,	91	OLD	HIGHW	AY 98,	SUITE	2 DESTIN	FL		
MEM	DAILEY	, PHYLLIS		91	OLD	HIGHW	AY 98,	SUITE	2 DESTIN	FL		
MEM	DAILEY	, ROBERT W		91	OLD	HIGHW	AY 98,	SUITE	2 DESTIN	FL		
										fc.r	4-99	
11 Idober	tohu cortifuthat th	e information supplied	with this filling di	ons not d	aualify for i	theevenntion	stated in Sect	on 110 (1713) (ii	Florida Statutos II	further cortif	in 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.

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