		May 1, 1999 or I 0.00 LATE FEE.		l Liability (Com	pany will be	•			
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS							FILED 99 APR 20 AH 10: 12			
FILING FEE 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 DOCUMENT # L98000002512							TALL AMASSEE, FLORIDA 1a. Principal Place of Business Address			
LILO OF COLLIER, L.L.C. 3500 PROSPECT AVENUE NAPLES FL 34104							3500 PROSPECT AVENUE NAPLES FL 34104			
2 Principal Place of Business			2a. Mailing Address				3. Date Organize	ed or Qualified	3a. State	of Formation
							11/02/1998		FL	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				4. FEI Number		·	Applied For	
City & State City & S				itate			-			Not Applicable
Zip Country			Z·p Country			ry	5. Date of Last F	Report 6. Cer		ate of Status Desired
									\$8 75 Addit	ional Fee Required
7. Name and Address of Current Registered Agent						B. Name and Address of New Registered Agent/Office Name				
LOBDELL, DAVID P 3500 PROSPECT AVENUE NAPLES FL 34104						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code				
		ons of Sections 608.416 a	-4 COD EAD	Florido Ptotutos	the of	house named limited	Liability company o	FL.	amont for the	purpose of changing
its register	red office or regis	stered agent, or both, in the accept the obligations.	State of Flor	rida. Such change	e was a	uthorized by affirma	itive vote of a majorit	y of the member	rs Thereby ac	ccept the appointment
SIGNATU	JRE	(Registered Agent Accepting A	psair brienti. (f	Willight Registered Ages	lsgratu	unusured whee research)i	DATE .	0,0	<i>(</i>
10. Title	Managing Members/Managers			Business Street Address				City, State and Zip Code		
MGRM	LIUZZO, LOIS TRUSTEE HORSECRE					k road		NAPLES FL		
					Ü	4.23.9		-04/21	7/99~~0	260 3 1100004 ****188.79

11. Ido 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 eath, 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: -