


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

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DIVISION OF CORPORATIONS  
99 MAR 11 PM 1:11

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L98000002538
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BICKEL, LLC  
2033 MAIN STREET, SUITE 400  
SARASOTA FL 34237

1a. Principal Place of Business Address  
2033 MAIN STREET, SUITE 400  
SARASOTA FL 34237

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/04/1998	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0874966	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
					\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
DARNELL, ROBERT W 2033 MAIN STREET, SUITE 400 SARASOTA FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 600002806076--B City 03/15/99--01103--022 Zip Code ****188.75 ****188.75 FL

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 \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when filing change)  
DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HANKIN, LAWRENCE M	2033 MAIN STREET, SUITE 400	SARASOTA FL
MGRM	PERSSON, DAVID P	2033 MAIN STREET, SUITE 400	SARASOTA FL
MGRM	DAVIS, DAVID D	2033 MAIN STREET, SUITE 400	SARASOTA FL
MGRM	DARNELL, ROBERT W	2033 MAIN STREET, SUITE 400	SARASOTA 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:**   
LAWRENCE M. HANKIN  
2/22/99 (941) 957-0080