
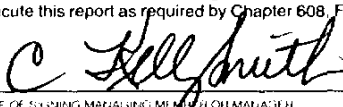


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT # L98000002640</b>			
NORTH EAST FLORIDA LAND, LLC 105 SOUTH PONCE DE LEON BLVD. ST. AGUSTINE FL 32086		1a. Principal Place of Business Address  105 SOUTH PONCE DE LEON BLVD ST. AGUSTINE FL 32086			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/10/1998	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				59-3558201	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				n/a	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
SMITH, C. KELLY 105 SOUTH PONCE DE LEON BLVD. ST. AGUSTINE FL 32086				Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. 200002873632 -05/13/99--01050--001 City FL 943.75	
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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SMITH, C. KELLY	105 SOUTH PONCE DE LEON BL		ST. AGUSTINE 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: C. Kelly Smith  4/26/99 (904) 829-9400					

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99 MAY -6 AM 11:55  
RECEIVED  
TALLAHASSEE, FLORIDA