


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 MAY -6 AM 11:45
STATE
TALLAHASSEE FLORIDA
LR 5/13

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 #** L98000002644

WOODLAWN PROPERTIES, L.L.C.
3950 LEWIS SPEEDWAY
ST. AUGUSTINE FL 32095

1a. Principal Place of Business Address
3950 LEWIS SPEEDWAY
ST. AUGUSTINE FL 32095

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/10/1998	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3546387		5. Date of Last Report		6. Certificate of Status Desired	
n/a		n/a		\$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	
MCCLURE, GEORGE M 81 KING STREET, SUITE A ST. AUGUSTINE FL 32084		Name Street Address (P.O. Box Number is Not Acceptable) 600002873606--8 Suite, Apt. #, etc. -05/13/99--01050--001 ****943.75 ****188.75 City FL Zip Code	

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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HEFFERON, MICHAEL	4700 US 1 NORTH	ST. AUGUSTINE FL
MGR	SMITH, C. KELLY	4700 US 1 NORTH	ST. AUGUSTINE FL
MGR	MUCHHALA, DHUV	4700 US 1 NORTH	ST. AUGUSTINE FL
MGR	LAURENCE, ROBERT J.L.	4700 US 1 NORTH	ST. AUGUSTINE FL
MGR	GRAUBARD, ROBERT	4700 US 1 NORTH	ST. AUGUSTINE 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: Robert J.L. Laurence  4/26/99 (904) 829-9400
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #