


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	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002851 PABLO CREEK PROPERTIES, LC 7751 BELFORT PARKWAY, SUITE 350 JACKSONVILLE FL 32256		99 JUN -4 AM 9:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 7751 BELFORT PARKWAY, SUITE JACKSONVILLE FL 32256	
2. Principal Place of Business 10161 Centurion Pkwy No.		3. Date Organized or Qualified 11/24/1998	
Suite, Apt. #, etc. 190		3a. State of Formation FL	
City & State Jacksonville, FL		4. FEI Number 59-3545647	
Zip 32256		5. Date of Last Report	
Country USA		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent SIMON, BERT C ESQ. 1660 PRUDENTIAL DRIVE, SUITE 203 JACKSONVILLE FL 32207		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PABLO CREEK PROPERTIES	7751 BELFORT PARKWAY, SUITE change of address: 10161 Centurion Pkwy., North Suite 190 Jacksonville, FL 32256	JACKSONVILLE FL 200002902912--3 -06/14/99--01008--011 ****188.75 ****188.75 AL JUN - 7 1999

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: _____

Edward E. Burr 4/23/99 (904) 998-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #