
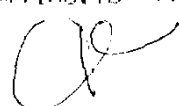
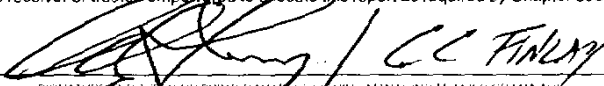


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED MAR 29 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # L98000002934 SOUTHERN GROVE II OF JACKSONVILLE, LLC 117 GOUGANVILLA DRIVE PONTE VEDRA BEACH FL 32082		1a. Principal Place of Business Address 117 GOUGANVILLA DRIVE PONTE VEDRA BEACH FL 32082			
2. Principal Place of Business 8608 Beach Blvd Suite, Apt. #, etc. 107 City & State Jacksonville FL Zip 32216 Country USA		2a. Mailing Address 8608 Beach Blvd Suite, Apt. #, etc. 107 City & State Jacksonville FL Zip 32216 Country USA		3. Date Organized or Qualified 11/18/1998 3a. State of Formation FL 4. FEI Number 59-3547276 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent FINLAY, CHRISTOPHER 117 GOUGANVILLA DRIVE PONTE VEDRA BEACH FL 32082			8. Name and Address of New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ Zip Code 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not a company)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	FINLAY PROPERTIES, INC	117 GOUGANVILLA DRIVE		PONTE VEDRA BEACH FL	
3000002838143-4 -04/08/99--01050--016 ****188.75 ****188.75 					
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:  3/18/99 645-3030 <small>SIGNATURE AND TITLE OF OFFICER, DIRECTOR, OR REGISTERED MANAGING MEMBER OR MANAGER</small>					