
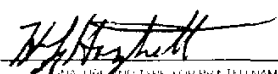


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED STATE DEPARTMENT OF STATE DIVISION OF CORPORATIONS 99 SEP -9 PM 1:45	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000002949		1a. Principal Place of Business Address	
GULF FRONT BEACH, L.C. 775 SOUTH ILAKEE AVENUE LAKE ALFRED FL 33850				775 SOUTH ILAKEE AVENUE LAKE ALFRED FL 33850	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/20/1998	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
				59-3545908	
				<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				8. Name and Address of New Registered Agent/Office	
HAZLETT, H. LYNN 775 SOUTH ILAKEE AVENUE LAKE ALFRED FL 33850				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				300002989543--7	
				Suite, Apt. #, etc.	
				-094717799--01037--014	
				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 _____ 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	HAZLETT, H. LYNN	775 SOUTH ILAKEE AVENUE		LAKE ALFRED 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:  H. Lynn Hazlett 9-3-99 941-956-9007					
PRINT OR TYPE (FOR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER)					