A	NNUAL F	99 🐧		DIVISION OF	tary of CORP	larris State PORATIONS	99 JUL 29	AH 9: 59	
FILING \$ 588.	75 M	nual Report \$100.00 + \$86 ake Check Payable	To: FLOF	IDA DEPART	MENT	OF STATE T	SECRETARY ALLAHASSE	DF STATE	: <b>A</b>
of Limit	THE LI EST, L 2570 P	GHTHOUSE IN	JMEN N AT S AD	# L980	0000	02982	1a. Principal Pla 2570 P.I	ce of Business	Address
2 Principal Place of Business 2a. N			2a. Mai	ailing Address			3. Date Organize	ed or Qualified	3a. State of Formation
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.  City & State				12/01/1998 FL 4. FEI Number Applied For		
City & State									Not Applicable  6. Certificate of Status Desired
Zip		Country	Zip		Country	<b>/</b>		· i	S8 75 Additional Fee Required
	7. Name	and Address of Curren	t Registered	Agent	$\Box$	8. I	lame and Address	s of New Regis	tered Agent/Office
9. Pursuar its registere as registere	nt to the provised office or reg	istered agent, or both, in the accept the obligations.					ive vote of a majdrit	y of the members	Zip Code  ment for the purpose of changins. I hereby accept the appointment
10. Title		(Registered Agent Accepting		7		required when reinstating	· · · · · · ·		State and Zip Code
MGRM COBB, ROBER		ROBERT A		2570 PINE LAKE RO 26655 WOODLORE 832 CAROLINE		AD ORCHAI		RD LAKE MI LIN MI EST FL	
							40	-08/03	949124 /9901066001 88.75 ****488.7
ndicated on mited liabil ttachment	this annual re	eport is true and accurate r the receiver or trustee er ss.	and that my s	signature shall hav	ve the sa	ame legal effect as uired by Chapter 6	if made under oath;	that I am a man ; and that my na	I further certify that the information aging member or manager of the me appears in Block 10, or on a