


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 99 MAY -3 PM 12:28 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 COLLIER GROVES MANAGEMENT, L.C. 3003 TAMIAMI TRAIL NORTH NAPLES FL		DOCUMENT # L98000002991 1a. Principal Place of Business Address 3003 TAMIAMI TRAIL NORTH NAPLES FL			
2. Principal Place of Business 25450 AIRPORT ROAD Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 12/03/1998	
City & State PUNTA GORDA FL		City & State City & State		3a. State of Formation FL	
Zip 33950		Country USA		4. FEI Number 65-0881597	
Zip 33950		Country USA		5. Date of Last Report	
7. Name and Address of Current Registered Agent FLORA, TERRY L ESQ. 3003 TAMIAMI TRAIL NORTH NAPLES FL		8. Name and Address of New Registered Agent/Office Name STEPHEN W. RYAN Street Address (P.O. Box Number is Not Acceptable) 25450 AIRPORT ROAD Suite, Apt. #, etc. City PUNTA GORDA FL			
Zip 33950		Country USA		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City PUNTA GORDA FL		City PUNTA GORDA FL		Zip Code 33950	
9. Pursuant to the provisions of Sections 608.416 and 608.208, 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 reinstating)</small>		DATE _____			
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGRM		COLLIER MANAGEMENT SER		3003 TAMIAMI TRAIL NORTH NAPLES FL	
				300002871193--2 -05/11/99--01050--024 ***377.50 ***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: _____ <small>SIGNATURE AND FULL OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		Date: 4-29-99 <small>Daytime Phone #</small>			