


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 # L98000003068 A & Z PROPERTIES OF SOUTHWEST FLORIDA, LLC 4839 LAUREL LANE, S.W. FORT MYERS FL		1a. Principal Place of Business Address 4839 LAUREL LANE, S.W. FORT MYERS FL	
2. Principal Place of Business Above Suite, Apt #, etc. City & State Zip 33908 Country	2a. Mailing Address Above Suite, Apt. #, etc. City & State Zip 33908 Country	3. Date Organized or Qualified 12/08/1998 4. FEI Number 65-0900747 5. Date of Last Report	3a. State of Formation FL <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent GUSTEIN, DAVID 4839 LAUREL LANE, S.W. FORT MYERS FL		8. Name and Address of New Registered Agent/Office Name DAVID GUTSTEIN Street Address (P.O. Box Number is Not Acceptable) 13181 Ponderosa Way Suite, Apt #, etc. City Fort Myers FL Zip Code 33907	
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 <i>David Gutstein</i> DATE 2/21/99			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GUTSTEIN, DAVID	4839 LAUREL LANE, S.W.	FORT MYERS FL
MGR	GROSFLAM, JODI	4839 LAUREL LANE, S.W.	FORT MYERS 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)(j), 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: <i>David Gutstein</i> 2/21/99 941 489-9915			

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SECRETARY OF STATE

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