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

INHSE10 R (12-98)

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company GEGAX/JOHNSON, L.C. 975 IMPERIAL GOLF COURSE BLVD., SUITE 117 NAPLES FL 34110 2. Principal Place of Business 2a. Mailing Address					99 APR 12 PM 3: 46 SECRETARY OF			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_	· · · · · · · · · · · · · · · · · · ·	12/17/19 4. FEI Number	998	FL T	
City & State		City & State	_		59-3548884			Applied For Not Applicable
Ζιρ	Country	Zip	Coun	lry	5. Date of Last Ri			e of Status Desired
7. Name	and Address of Current	Registered Agent		8. 1	Name and Address	of New Regist	tered Agent/0	Office
JOHNSON, BRIAN W 975 IMPERIAL GOLF COURSE BLVD., SUIT NAPLES FJ. 34110 Street Address (F NAPLES FJ. 34110 Suite, Apt #, etc. City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited its registered office or registered agent, or both, in the State of Florida Such change was authorized by affirmal as registered agent, and accept the obligations. SIGNATURE (Registered Age: Accepting Agentin coli. (ROIL Registered Agent syndam magnet when the residence					Isability company submits this statement for the purpose of changing live vote of a majority of the members. I hereby accept the appointment			
10. Title Managing Members/Managers				ess Street Address		City, State and Zip Code		
MGRM GEGAX, JAN L MGRM JOHNSON, BRIAN W			13105 VANDERBILT DE					
indicated on this annual re	the information supplied with port is true and accurate ar the receiver or trustee emp ss.	nd that my signature sh	all have the	same legal effect as	if made under oath, I	that I am a man	aging membe	r or manager of the