File on or before May 1, 1999 or Lim J Liability Company will be subject to a \$ 400.00 LATE FEE.								FILED			
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS								99 MAR 26 AM 9:38			
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 DOCIMENT # 198000003447								MACHARA SIATE LONDA			
JOSK PROPERTIES, L.L.C. P.O. BOX 1873 ORLANDO FL 32802							1a. Principal Place of Business Address 201 S. ORANGE AVENUE ORLANDO FL 32801				
2. Princip	al Place of Bu	siness	ing Address			3. Date Organized or Qualified 3a.		3a. State	a. State of Formation		
				Suite, Apt. #, etc.				1998 FL			
Suite, Apt. #, etc. City & State			City & State				4. FEI Number			Applied For Not Applicable	
Zip	p Country		Zip Cou		Count	ry	5. Date of Last Report			ate of Status Desired	
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name										VOffice	
9. Pursuits registe	NDO FL	IGE AVENUE 32801	and 608.508 State of Flo	, Flonda Statute rida, Such chan	es, the at ge was a	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL above-named limited liability company submits this statement for the pseuthorized by affirmative vote of a majority of the members. I hereby acceptable				s purpose of changing ccept the appointment	
								DATE			
SIGNATURE											
10. Title	Managing Members/Managers		<u> </u>	Business Street Address				City, State and Zip Code			
MGR	KIRK, JOHN S			P.O. BOX 1873				ORLANDO FL			
							2	10000 -04/ ***	283 06/99- *188.7	1472- -01931012 5 ****188.75	
							dec				
1. 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 liftited 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: 3/23/97 (407)872-7360											
		SIGNATURE AND TYPE	OR PRINTED A	IAME OF SIGNING M	IANAGING I	REDAMAN RO RESMEN		Date	D	aylime Phone #	