


2<sup>nd</sup> and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  BJO FT. MYERS, L.L.C. 12951 METRO PARKWAY, SUITE 12 FT. MYERS FL 33912		<b>DOCUMENT #</b> L98000003495	
2. Principal Place of Business 12951 METRO PARKWAY Suite, Apt. #, etc. # 12 City & State FT. MYERS, FL Zip 33912 Country USA		2a. Mailing Address 12951 METRO PARKWAY Suite, Apt. #, etc. # 12 City & State FT. MYERS, FL Zip 33912 Country USA	
3. Date Organized or Qualified 12/31/1998		3a. State of Formation FL	
4. FEI Number 65-0889772		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired <input type="checkbox"/> No 75 Additional Fee Required	
7. Name and Address of Current Registered Agent  BOGLARSKY, DOLLIE A 12951 METRO PARKWAY, SUITE 12 FT. MYERS FL 33912		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) 200003006592--2 Suite, Apt. #, etc. -10/06/99--01002--010 ***588.75 ***588.75 City FL Zip Code	
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 <u>Dollie A. Boglarsky</u> DATE <u>9/20/99</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BOGLARSKY, DOLLIE A	12951 METRO PARKWAY, SUITE 12	FT. 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)(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: <u>Dollie A. Boglarsky</u> <u>DOLLIE A. BOGLARSKY</u> <u>9/20/99</u> <u>941/561-6900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>			