

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

APPROVED
AND
FILED

00 MAY 22 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L99000001299
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O'NEILL PROPERTIES, L.L.C.
9 N.E. LOFTING WAY
STUART, FL 34996

1a. Principal Place of Business Address

2. Principal Place of Business 9 N.E. LOFTING WAY Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Organized or Qualified MARCH 4, 1999	3a. State of Formation FLORIDA
City & State STUART, FL	City & State	4. FEI Number 65-0906203	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34996	Country	5. Date of Last Report NONE	6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
MICHAEL T ONEILL	Name
9 N.E. LOFTING WAY	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
STUART, FL 34996	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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MICHAEL T ONEILL	9 N.E. LOFTING WAY	STUART, FL 34996
MGMR	LYNN M ONEILL	9 N.E. LOFTING WAY	STUART, FL 34996

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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:  MICHAEL T ONEILL 3-29-00 520-220-8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #