


FILE NOW: Fee after May 1, will be \$588.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company FORESTER LAND & DEVELOPMENT, L. C. 2241 TOMS CREEK ROAD MARTIN GA 30557	DOCUMENT #M95000000030
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1a. Principal Place of Business Address TREASURE ISLAND MARINA 8605 THOMAS DRIVE PANAMA CITY BEACH FL 32408

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business <i>Treasure Island Marina</i> Suite, Apt. #, etc. <i>3605 Thomas Dr.</i> City & State <i>Panama City Beach Fla</i> Zip <i>32408</i>	2a. Mailing Address <i>Same as above</i> Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified <i>01/27/1995</i>	3a. State of Formation <i>GA</i>
		4. FEI Number <i>58-2169863</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report <i>04/29/1996</i>	6. Certificate of Status Desired SB - Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent WATERCREST, 6201 THOMAS DRIVE, #810 PANAMA CITY BEACH FL 32408	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. <i>300002086003--6</i> <i>-02/13/97--01005--011</i> City <i>FL</i> Zip <i>32408</i> State <i>FL</i> Code <i>203.75</i>
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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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MRGM	FORESTER, WILLIAM D	2241 TOMS CREEK ROAD	MARTIN GA
MRGM	FORESTER, BETTY S	2241 TOMS CREEK ROAD	MARTIN GA

A. Alan
2/7/97

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: *Betty S. Forester* *2-3-96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #