
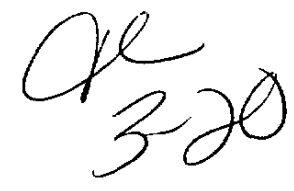


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 13 PM 3: 39 SECRETARY OF STATE FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M95000000030		1a. Principal Place of Business Address	
FORESTER LAND & DEVELOPMENT, L. C. 2241 TOMS CREEK ROAD MARTIN GA 30557				TREASURE ISLAND MARINA 3605 THOMAS DRIVE PANAMA CITY BEACH FL 32408	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Treasure IS. Marina Suite, Apt. #, etc. 3605 Thomas Dr. City & State Panama City Zip Fla.		Suite, Apt. #, etc. City & State Country Bay 32408		01/27/1995	
				3a. State of Formation GA	
				4. FEI Number 58-2169863	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 02/07/1997	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
WATERCREST, 6201 THOMAS DRIVE, #810 PANAMA CITY BEACH FL 32408		Name Street Address (P.O. Box Number is Not Acceptable) 700002464107--1 Suite, Apt. #, etc. -03/20/98--01116--014 ***188.75 ***188.75 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>W D Forester</u> DATE <u>3-6-98</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MRGM	FORESTER, WILLIAM D	2241 TOMS CREEK ROAD		MARTIN GA 30557	
MRGM	FORESTER, BETTY S	2241 TOMS CREEK ROAD		MARTIN GA 30557	
					

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

W D Forester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3-6-98