
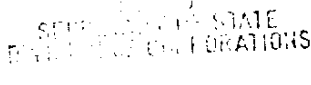


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		 SECRETARY OF STATE DIVISION OF CORPORATIONS 990319 01 9:52	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # M95000000030</b>  FORESTER LAND & DEVELOPMENT, L. C. 2241 TOMS CREEK ROAD MARTIN GA 30557		<b>1a. Principal Place of Business Address</b>  TREASURE ISLAND MARINA 3605 THOMAS DRIVE PANAMA CITY BEACH FL 32408			
<b>2. Principal Place of Business</b> Treasure Is. Marina Suite, Apt. #, etc. 3605 Thomas Dr. City & State Panama City Beach, Fla. Zip 32408		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. Date Organized or Qualified</b> 01/27/1995 <b>3a. State of Formation</b> GA <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>4. FEI Number</b> 58-2169863		<b>5. Date of Last Report</b> 03/19/1998		<b>6. Certificate of Status Desired</b> \$8.75 Additional Fee Required <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b>  WATERCREST, 6201 THOMAS DRIVE, #810 PANAMA CITY BEACH FL 32408				<b>8. Name and Address of New Registered Agent/Office</b>  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
<b>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.</b>  SIGNATURE <u>W D Foust</u> DATE <u>3-1-99</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reconstituting)					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MRGM	FORESTER, WILLIAM D	2241 TOMS CREEK ROAD		MARTIN GA	
MRGM	FORESTER, BETTY S	2241 TOMS CREEK ROAD		MARTIN GA	
000002802690 -03/11/99-01080-002 ***188.75 ***188.75					
<b>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.</b>  SIGNATURE: <u>W D Foust</u> <u>3-1-99</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER) DATE (Day-Month-Year)					