


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
FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		

FILED
98 APR 27 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M95000000338
SONMAR OF BONITA SPRINGS, L.L.C. 15 BROADWAY, SUITE 401 FARGO ND 58102	

1a. Principal Place of Business Address
15 BROADWAY, SUITE 401 FARGO ND 58102

2. Principal Place of Business	2a. Mailing Address
1134 Westrac Drive	1134 Westrac Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Fargo ND	Fargo ND
Zip	Zip
68103	58103

3. Date Organized or Qualified	3a. State of Formation
11/15/1995	ND
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
93-1190516	
5. Date of Last Report	6. Certificate of Status Desired
04/15/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
4000002511114-2
Suite, Apt. #, etc.
-05/05/98-01085-017
****943.75 ****188.75
City
FL

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
M	MARING, RUSSELL D	15 BROADWAY, STE 401	FARGO ND
M	OLSON, DENIS J	300 MAIN AVENUE, SUITE 112	FARGO ND
M	THARALDSON, GARY	1134 Westrac Drive	Fargo, ND

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: *Russell D Maring* 4.20.98 701-235 1167
Date Daytime Phone #