


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
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FILED

98 APR 27 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # M96000000269
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SONMAR OF NAPLES, L.L.C.
~~15 BROADWAY, STE 401~~
FARGO ND 58102

1a. Principal Place of Business Address

~~15 BROADWAY, STE 401~~
~~FARGO ND 58102~~

2. Principal Place of Business <u>1134 Westrac Drive</u> Suite, Apt. #, etc. City & State <u>Fargo ND</u> Zip <u>58103</u> Country	2a. Mailing Address <u>1134 Westrac Dr</u> Suite, Apt. #, etc. City & State <u>Fargo ND</u> Zip <u>58103</u> Country	3. Date Organized or Qualified <u>07/24/1996</u>	3a. State of Formation <u>ND</u>
		4. FEI Number <u>93-1212984</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report <u>04/15/1997</u>	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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) <u>7000002511117-3</u> Suite, Apt. #, etc. <u>-05/05/98 -01085-017</u> <u>****943.75 ****188.75</u> City <u>FL</u> Zip Code
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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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MARING, RUSSELL D	15 BROADWAY, SUITE 401	FARGO ND
MGRM	OLSON, DENIS J	300 MAIN AVENUE, SUITE 112	FARGO ND
MGRM	Tharal Olson, Gary	1134 Westrac Dr.	Fargo ND 58103

AL APR 29 1998

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: _____

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

Date

Daytime Phone #

4.20.98 701-235 1167