



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	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>SONMAR OF NAPLES, L.L.C. 1134 WESTRAC DRIVE FARGO ND 58102</b>		<b>DOCUMENT # M96000000269</b>	
2. Principal Place of Business <b>1134 Westrac Dr</b> Suite, Apt. #, etc. City & State <b>Fargo ND</b> Zip <b>58103</b> Country <b>CASS</b>		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified <b>07/24/1996</b>		3a. State of Formation <b>ND</b>	
4. FEI Number <b>93-1212984</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report <b>04/27/1998</b>		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		8. Name and Address of New Registered Agent/Office Name <b>Gail Aikens</b> Street Address (P.O. Box Number is Not Acceptable) <b>2003 South Frontage Rd</b> Suite, Apt. #, etc. City <b>PLANT CITY FL</b> Zip Code <b>33566</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 a affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <b>Gail Aikens</b> DATE <b>4/7/99</b> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required whenever changing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
<del>MGRM</del>	<del>MARING, RUSSELL D</del>	<del>15 BROADWAY, SUITE 401</del>	<del>FARGO ND</del>
<del>MGRM</del>	<del>OLSON, DENIS J</del>	<del>300 MAIN AVENUE, SUITE 112</del>	<del>FARGO ND</del>
MGRM	THARALDSON, GARY	1134 WESTRAC DRIVE	FARGO ND
			
			<b>000002853990--6</b> <b>-04/27/99--01048--013</b> <b>****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. SIGNATURE: <b>Gary Tharaldson</b> DATE <b>4/15/99</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER			