
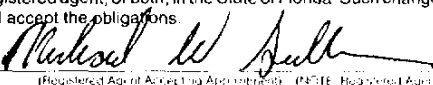



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris 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	
1. Name and Mailing Address of Limited Liability Company GARGIULO MEXICO, L.L.C. 15000 OLD US 41 NORTH NAPLES FL 33963		DOCUMENT # M96000000445 1a. Principal Place of Business Address 15000 OLD US 41 NORTH NAPLES FL 33963	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip	
3. Date Organized or Qualified 11/12/1996		3a. State of Formation DE	
4. FEI Number 51-0362519		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/09/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ALHAMBRA REGISTERED , AGENT 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES FL 33134		8. Name and Address of New Registered Agent/Office Name Michael W. Sullivan Street Address (P.O. Box Number is Not Acceptable) 15000 Old 41 North Suite, Apt. #, etc. City Naples FL Zip Code 34110	
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 4/1/99 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature is required when a new agent is appointed.)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LELEU, CHRISTIAN	15000 OLD US 41 NORTH	NAPLES FL
MGR	AUGUSTINE, JIMMY DR.	15000 OLD US 41 NORTH	NAPLES FL
MGR	SULLIVAN, MICHAEL W	15000 OLD US 41 NORTH	NAPLES FL
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:  DATE 3/4/99 (941) 597-3131 <small>SIGNATURE AND TYPE OF OFFICIAL TO BE: SECRETARY, ASSISTANT SECRETARY, CLERK, OR REGISTERED AGENT</small>			