


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		FILED 99 MAR -1 PM 3: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA																	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE		<b>DOCUMENT #</b> M97000000481																			
<b>1. Name and Mailing Address of Limited Liability Company</b> FIRES CREEK LAND CO., LLC 97 OAK MANOR DRIVE CAPE CANAVERAL FL 32920		<b>1a. Principal Place of Business Address</b> 97 OAK MANOR DRIVE CAPE CANAVERAL FL 32920																			
<b>2. Principal Place of Business</b> 1390 Trout Street Suite, Apt. #, etc. City & State Merritt Island, FL Zip 32952 Country Brevard		<b>2a. Mailing Address</b> 1390 Trout Street Suite, Apt. #, etc. City & State Merritt Island, FL Zip 32952 Country Brevard		<b>3. Date Organized or Qualified</b> 08/06/1997 <b>3a. State of Formation</b> NC <b>4. FEI Number</b> 59-3462748 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>5. Date of Last Report</b> 04/17/1998 <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> STORY, PHYLLIS A 97 OAK MANOR DRIVE CAPE CANAVERAL FL 32920			<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) 1390 Trout Street Suite, Apt. #, etc. City Merritt Island, FL 32952																		
<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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing)</small>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>STORY, PHYLLIS A</td> <td>1390 Trout Street <del>97 OAK MANOR DRIVE</del> 914 Dixon Blvd.</td> <td>Merritt Island, FL 32952 <del>CAPE CANAVERAL</del> Cocoa, FL 32926</td> </tr> <tr> <td>MGRM</td> <td>KIRSCHENBAUM, MALCOLM</td> <td><del>402 N HIGH POINT DRIVE</del></td> <td><del>COCOA</del></td> </tr> <tr> <td>MGRM</td> <td>NIED, KATIE</td> <td>720 MIXEL STREET</td> <td>EASTON PA</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	STORY, PHYLLIS A	1390 Trout Street <del>97 OAK MANOR DRIVE</del> 914 Dixon Blvd.	Merritt Island, FL 32952 <del>CAPE CANAVERAL</del> Cocoa, FL 32926	MGRM	KIRSCHENBAUM, MALCOLM	<del>402 N HIGH POINT DRIVE</del>	<del>COCOA</del>	MGRM	NIED, KATIE	720 MIXEL STREET	EASTON PA
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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. 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:**

Phyllis A. Story *Phyllis A. Story* 2/24/99