


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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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 ASBURY DEVELOPMENT AND MANAGEMENT, LLC 201 RUSSELL AVENUE GAITHERSBURG MD 20877		1a. Principal Place of Business Address 201 RUSSELL AVENUE GAITHERSBURG MD 20877	
2. Principal Place of Business 4250 LAKESIDE DR Suite, Apt. #, etc. SUITE 214 City & State JACKSONVILLE FL Zip Country 32210 USA		2a. Mailing Address 4250 LAKESIDE DR Suite, Apt. #, etc. SUITE 214 City & State JACKSONVILLE FL Zip Country 32210 USA	
3. Date Organized or Qualified 11/17/1997		3a. State of Formation MD	
4. FEI Number 52-2055303		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/22/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent FORCE FINANCIAL CORP, 111 RIVERSIDE AVE, SUITE 320 JACKSONVILLE FL 32202		8. Name and Address of New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) 4250 LAKESIDE DR Suite, Apt. #, etc. SUITE 212 City Zip Code JACKSONVILLE FL 32210	
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 _____	
<small>(Registered Agent Accepting Appointment) (X) (Registered Agent signature and printed name and title)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SLACK, DAVID	201 RUSSELL AVENUE	GAITHERSBURG MD
MGR	THOMAS, EDWIN C III	201 RUSSELL AVENUE	GAITHERSBURG MD
MGR	BRADSHAW, LAWRENCE R	201 RUSSELL AVENUE	GAITHERSBURG MD
MGR	WEAVER, MATTHEW W	4250 LAKESIDE DR STE 212 111 RIVERSIDE AVENUE, SUITE 320	JACKSONVILLE FL
MGR	CATER, JAMES W, JR	4250 LAKESIDE DR STE 212	JACKSONVILLE FL
			700002858327-- 3 -04/30/99- 01076 -016 ****188.75 ****188.75
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), 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: <i>Matthew W. Weaver</i>		43099 904381-0421	