


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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>99 APR 20 AM 11:32</b>	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DOCUMENT # M97000000804</b>  REDINGTON, LLC <del>820906</del> SOUTH DIXIE HIGHWAY STUART FL 34994  <div style="text-align: right; margin-right: 50px;"> <i>99-AR</i>  <i>CM</i> </div>		<b>1a. Principal Place of Business Address</b>  <del>820</del> <del>906</del> SOUTH DIXIE HIGHWAY STUART FL 34994			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> 12/02/1997  <b>3a. State of Formation</b> DE  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>4. FEI Number</b> 65-0795815		<b>5. Date of Last Report</b> 04/13/1998	
<b>7. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>8. Name and Address of New Registered Agent/Office</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ <b>FL</b> Zip Code _____			
<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) (FEDT Registered Agent Signature Required When Not a State Corp)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGR	PERKINS, LEIGH H	10 RIVER ROAD		MANCHESTER VT	
MGR	PERKINS, LEIGH H JR.	10 RIVER ROAD		MANCHESTER VT	
MGR	PERKINS, DAVID D	10 RIVER ROAD		MANCHESTER VT	
<del>MGR</del>	<del>KNAPP, DAVID S</del>	<del>906 SOUTH DIXIE HIGHWAY</del>		<del>STUART FL</del>	
MGR	MURPHY, JAMES	<del>906</del> SOUTH DIXIE HIGHWAY <del>820</del>		STUART FL	
1000002857551 -04/30/99--01002--019 ****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.</b>					
SIGNATURE: <i>John R. Grippi CFO</i>		3-13-99 561-223-1342			