
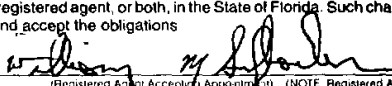
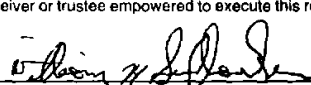


2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000165 AGORA DEVELOPMENTS, LLC 1777 N.E. EXPRESSWAY, SUITE 145 ATLANTA GA 30329		1a. Principal Place of Business Address 1777 N.E. EXPRESSWAY, SUITE ATLANTA GA 30329	
2. Principal Place of Business 7400 Baymeadows Way Suite, Apt. #, etc. #107 City & State Jacksonville, FL Zip 32256	2a. Mailing Address Same Suite, Apt. #, etc. City & State Country Duval	3. Date Organized or Qualified 02/19/1998 4. FEI Number	3a. State of Formation GA <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent SULZBACHER, WILLIAM M 8130 BAYMEADOWS WAY, WEST, SUITE 302 JACKSONVILLE FL 32256		8. Name and Address of New Registered Agent/Office Name William M. Sulzbacher Street Address (P.O. Box Number is Not Acceptable) 7400 Baymeadows Way, #107 Suite, Apt. #, etc. #107 City Jacksonville Zip Code FL 32256	
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 8-17-99 (Registered Agent Accepts Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title Managing Members/Managers	Business Street Address City, State and Zip Code		
MGRM SULZBACHER, WILLIAM M	8130 BAYMEADOWN WAY WEST, JACKSONVILLE 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:  WILLIAM M. SULZBACHER 8-17-99 904-739-1235 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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