LIMITE	to a \$ 400.00 L D LIABILITY CON NNUAL REPORT 1999	APANY	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE BUVE FOR OF CHRONE ATIONS 20 FEB 23 AM 10: 25		
ILING 1 \$ 188.	FEE Annual Rep	ort \$100.00 + \$88.75 ck Payable To: FLOR	Corporation	Supplemental Fee	<u> </u> - -		
of Limite	nd Mailing Address ed Liability Company	DOCUMENT			1a. Principal Pla	ce of Business	Address
7	100 SUNSET	MANOR, L.L.C WAY, PH7 WE ACH FL 33706			7100 SUNSET WAY, PH7 WEST ST. PETE BEACH FL 33706		
2 Principal Place of Business 2a. Mailin			ling Address	ng Address		ed or Qualified	3a. State of Formation
Suite, Apt #, etc. Suite			Apt. #, etc.		04/07/1	998	ОН
Suite, Apt. #, etc.			·		4. FEI Number Applied For		
City & State	е	City & S	tate	34-1867171 Not Applicable			
Z ip	Country	Zıp		Country	5. Date of Last Report		6. Certificate of Status Desired 88 75 Additional Fee Required
	7. Name and Add	ress of Current Registered	Agent	Name	Name and Address	of New Regis	stered Agent/Office
its registere	ed office or registered ag ed agent, and accept the	ent, or both, in the State of Fli e obligations.	orida. Such change	was authorized by affirm	ative vote of a majorit	y of the member مهست	Zip Code ement for the purpose of changing is Thereby accept the appointmen
10. Title	//	ered Agris Accepting Appointments embers/Managers	τ	signature required when remotate Business Street Address	"		, State and Zip Code
MGR	COOK, JAMES L		7100 SUNSET WAY PH		H7 WEST	7 WEST ST PETE BEACH FL 700002789487 -02/26/3901115-01 ****188.75 ****188	
indicated or limited liabi	n this annual report is tru	ie and accurate and that my	signature shall hav	ve the same legal effect a	s if made under oath	, that I am a ma	I further certify that the information in aging member or manager of the ame appears in Block 10, or on a

INHSE10 R (12-98)