


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 125/13 99 MAY -5 PM 3:14 STATE OF FLORIDA	
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 DOCUMENT # M98000000699 KOLLSTAR EAGLE RIDGE GOLF & TENNIS CLUB LLC 4343 VON KARMAN AVENUE NEWPORT BEACH CA 92660			1a. Principal Place of Business Address 4343 VON KARMAN AVENUE NEWPORT BEACH CA 92660		
2. Principal Place of Business As above		2a. Mailing Address As above		3. Date Organized or Qualified 06/29/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation DE	
City & State		City & State		4. FEI Number 33-0811543	
Zip		Country		5. Date of Last Report N/A	
Zip		Country		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL		
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. N/A					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when appointing a new agent.) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	KOLLSTAR GOLF LLC,	4343 VON KARMAN AVENUE		NEWPORT BEACH CA	

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: _____

SIGNATURE AREA TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER)

4/21/99 (949) 833-3025