

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
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FILED
99 MAR 29 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company TYRONE PARK, L.L.C. 418 THIRD STREET ANNAPOLIS MD 21043	DOCUMENT # M98000001108
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1a. Principal Place of Business Address 418 THIRD STREET ANNAPOLIS MD 21043


2. Principal Place of Business 13618 N. Florida Avenue Above Suite, Apt. #, etc. LOT 2 City & State Tampa Fla Zip 33610 Country USA	2a. Mailing Address Above Suite, Apt. #, etc. N/A City & State Above Zip 21043 Country USA
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3. Date Organized or Qualified 09/29/1998	3a. State of Formation MD
4. FEI Number 52-2122103	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report NONE	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent DAMONTE, JONATHAN JAMES 12110 SEMINOLE BLVD. LARGO FL 33778

8. Name and Address of New Registered Agent/Office Name Richard J. McIntyre Esq. Street Address (P.O. Box Number is Not Acceptable) 2700 Barnett Plaza Suite, Apt. #, etc. City 101 East Kennedy Blvd Zip Code FL 33601

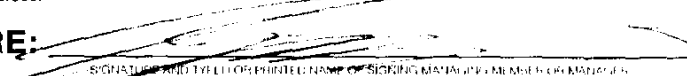
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE  DATE 3/2/99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HAY, MICHAEL S	418 THIRD STREET	ANNAPOLIS MD
MGRM	MCCARTHY, JESSICA HAY	418 THIRD STREET	ANNAPOLIS MD

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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:  3/2/99 40-268-4010
SIGNATURE WILL BE FILED OR PRINTED NAME OF SIGNING MANAGER OR MEMBER OF MANAGER
Tessica Hay McCarthy