

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 Division of Corporations		DOCUMENT # M98000001137		99 APR 12 AM 9:53	
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 GREEN ACRES BAYLESS LLC 532 OVERLOOK DRIVE NORTH PALM BEACH FL 33408				1a. Principal Place of Business Address 532 OVERLOOK DRIVE NORTH PALM BEACH FL 33408			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/05/1998		3a. State of Formation DE	
				4. FEI Number 65-0835743		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ANDERSON, JOYCE M 532 OVERLOOK DRIVE NORTH PALM BEACH FL 33408				8. Name and Address of New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ FL Zip Code _____			
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 _____ <small>(Registered Agent Accepting Appointment or the Registered Agent's Signature required when appointing)</small>				DATE _____			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGR	ANDERSON, JOHN B	532 OVERLOOK DRIVE		NORTH PALM BEACH FL			
MGRM	ANDERSON, JOYCE M	532 OVERLOOK DRIVE		NORTH PALM BEACH FL			
				6700012847896-8 -04/22/99--01094--001 ****188.75 ****188.75			
3/R 4/12/99							
11. I 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 <i>Joyce M. Anderson, Sec.</i>				2/18/99 (SU) 622-2312			