


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	
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 # M98000001174 BAITA REALTY INVESTMENT MANAGEMENT, LLC 1777 NORTHEAST EXPRESSWAY, SUITE 145 ATLANTA GA 30329		1a. Principal Place of Business Address 1777 NORTHEAST EXPRESSWAY, S ATLANTA GA 30329	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/14/1998	GA
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	58-2397423	
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent SULZBACHER, WILLIAM M 7400 BAYMEADOWS WAY, SUITE 107 JACKSONVILLE FL 32256		8. Name and Address of New Registered Agent/Office Name: <i>David W. Koeos</i> Street Address (P.O. Box Number is Not Acceptable): <i>1777 Northeast Expressway</i> Suite, Apt. #, etc.: <i>Suite 145</i> City: <i>Atlanta</i> FL Zip Code: <i>30329</i>	
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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-electing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SCHNEIDER, RETO J	1777 NORTHEAST EXPRESSWAY,	ATLANTA GA
MGR	LATONE, SAMUEL P II	1777 NORTHEAST EXPRESSWAY,	ATLANTA GA
MGR	KOLEOS, DAVID J	1777 NORTHEAST EXPRESSWAY,	ATLANTA GA
MGR	PRINGLE, T. NEAL	1777 NORTHEAST EXPRESSWAY,	ATLANTA GA

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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: *David W. Koeos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGER, MEMBER OR MANAGER

DATE

Signature Phone: *404-636-6778*