
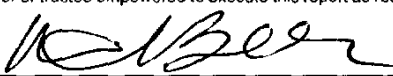


2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
**FINAL NOTICE:** will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 99 JUL 27 PH 2:07 LA 7/28 SECRETARY OF STATE TALLAHASSEE FLORIDA	
<b>FILING FEE</b> \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company  <b>SANDPIPER MOBILE MANOR ASSOCIATES, L.L.C.</b> <b>18700 W. 10 MILE</b> <b>SOUTHFIELD MI 48075</b>				DOCUMENT # <b>M98000001234</b>			
2 Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country				2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		1a. Principal Place of Business Address  <b>18700 W. 10 MILE</b> <b>SOUTHFIELD MI 48075</b>	
3. Date Organized or Qualified  <b>10/22/1998</b>				3a. State of Formation  <b>MI</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number				5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>EASTMAN, DAVID D</b> <b>101 SOUTH MONROE STREET</b> <b>TALLAHASSEE FL 32301</b>				8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code <b>FL</b>			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGRM	BEER, PETER	18700 W. 10 MILE		SOUTHFIELD MI			
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:  7-22-99 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> <small>Date</small> <small>Daytime Phone #</small>							