


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90019 001 *1,540.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002221					
1. Corporation Name LLF2 FACILITIES ASSOCIATION, INC.					
Principal Place of Business 311 PARK PLACE BOULEVARD CLEARWATER FL 33759			Mailing Address 311 PARK PLACE BOULEVARD CLEARWATER FL 33759		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/17/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3510447	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ZSCHAU, JULIUS J JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS 911 CHESTNUT STREET CLEARWATER FL 33756			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	COLLINS, THERESA				
STREET ADDRESS	311 PARK PLACE BOULEVARD, SUITE 600				
CITY-ST-ZIP	CLEARWATER FL 33759				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE			
NAME	SELLINGER, JOHN A				
STREET ADDRESS	311 PARK PLACE BOULEVARD, SUITE 600				
CITY-ST-ZIP	CLEARWATER FL 33759				
TITLE	STD	<input checked="" type="checkbox"/> DELETE			
NAME	SIKORSKI, FRED J				
STREET ADDRESS	311 PARK PLACE BOULEVARD, SUITE 600				
CITY-ST-ZIP	CLEARWATER FL 33759				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Sellinger, John A.				
1.3 STREET ADDRESS	311 Park Place Boulevard, Suite 600				
1.4 CITY-ST-ZIP	Clearwater, FL 33759				
2.1 TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Miller, Francine				
2.3 STREET ADDRESS	311 Park Place Boulevard, Suite 600				
2.4 CITY-ST-ZIP	Clearwater, FL 33759				
3.1 TITLE	Secretary/Treas./Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Small, Ed				
3.3 STREET ADDRESS	311 Park Place Boulevard, Suite 600				
3.4 CITY-ST-ZIP	Clearwater, FL 33759				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE REQUIRED

8/20/99 727-7960911

Date Daytime Phone #