
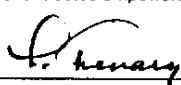


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morthand Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 AM 8:13		LC 3/3	
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 PHOENIX OF KEY WEST, L.C. 1609 ROCKLEDGE DRIVE ROCKLEDGE FL 32955				DOCUMENT # Z00138			
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 10/26/1989				3a. State of Formation FL			
4. FEI Number 52-1675596				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Date of Last Report 02/03/1997				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent GREENSPOON, GERALD 100 WEST CYPRESS CREEK ROAD, SUITE 7 FT LAUDERDALE FL 33309				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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
M	TRENARY, LARRY	1609 ROCKLEDGE DRIVE		ROCKLEDGE FL 32955			
M	TRENARY, TANIA R.	1609 ROCKLEDGE DRIVE		ROCKLEDGE FL 4			
500002446185--2 -03/03/98--01102--013 ****188.75 ****188.75							
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:  LARRY TRENARY 25 FEB 98 407-638-4982 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>							