


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
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 FEB 22 AM 10:25

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # Z00229**

BRITISH PROPERTIES, L.C.
 P.O. BOX 767
 PINELLAS PARK FL 33780

94-AB
 CM

1a. Principal Place of Business Address
 % FLORENCE SALAS
 9380 67TH ST. N.
 PINELLAS PARK FL 33780

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 06/01/1990	3a. State of Formation FL
4. FEI Number 59-3010174	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 02/26/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

SALAS, FLORENCE
~~XXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXX~~
 14536 Mark Dr.
 Largo, FL 33774

8. Name and Address of New Registered Agent/Office

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc. 700002789057
 City 02/26/99-01089-021
 Zip Code FL ****188.75 ****188.75

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-designating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGST	SALAS, JOSE	XXXXXXXXXXXXXX 14536 Mark Dr.	PINELLAS PARK FL Largo, FL 33774
MGRP	SALAS, FLORENCE	XXXXXXXXXXXXXX 14536 Mark Dr.	PINELLAS PARK FL Largo, FL 33774
MEM	SALAS, JOSE III	9380 67TH ST. N.	PINELLAS PARK FL
MEM	SALAS, JOHN	9380 67TH ST. N.	PINELLAS PARK FL
MEM	SASSER, PATRICIA	9380 67TH ST. N.	PINELLAS PARK FL
MEM	J. & F. SCRAP PROPERTY	9380 67TH ST. N.	PINELLAS PARK FL

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: Florence Salas 2/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER OR MANAGER