


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 31 PM 3:45

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 # Z00343
SVENSKA PROPERTIES, L.C. % ALBERT D. CELIO P.O. BOX 939 COCOA FL 32923-0939	

1a. Principal Place of Business Address
% ALBERT D. CELIO P.O. BOX 939 COCOA FL 32923

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/04/1991	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3047988	
		5. Date of Last Report	6. Certificate of Status Desired
		04/17/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CELIO, ALBERT D 976 BREVARD AVENUE ROCKLEDGE FL 32955	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 3000002834413-0 City -04/09/99 --01038--025 ***188.75*** FL

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 not signing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MB	CARLSON, TORBJORN	421 65 VASTRA FROLUNDA	SWEDEN
MB	CARLSON, ULLA	421 65 VASTRA FROLUNDA	SWEDEN
MB	AHLMAN, BO	421 31 VASTRA FROLUNDA	SWEDEN

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: Torbjorn Carlson, Managing Member

SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY, MANAGER, MEMBER OR MANAGER

3/29/99 2/1/03 2185

119

Display Phone #