


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 APR -7 AM 9:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L93000000122

BIRDSOUND DEVELOPMENT I, L.C.
 6699 90TH AVENUE
 PINELLAS PARK FL ~~34666~~
 33782

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
 6699 90TH AVENUE
 PINELLAS PARK FL ~~34666~~
 33782

2. Principal Place of Business
 Same

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country
 33782

3. Date Organized or Qualified
 04/14/1993

3a. State of Formation
 FL

4. FEI Number
 59-3219103

5. Date of Last Report
 06/03/1996

6. Certificate of Status Desired
 Applied For
 Not Applicable
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 PROSSER, JOHN M
 6699 90TH AVENUE NORTH
 PINELLAS PARK FL ~~34666~~
 33782


8. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc.
 City Zip Code
 FL 33782

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 John M Prosser DATE 2/1/97
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PROSSER, JOHN M	6699 90TH AVENUE NORTH	PINELLAS PARK FL
MEM	KONKLE, KATHI L	6699 90TH AVENUE NORTH	PINELLAS PARK FL

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 ****203.75 ****203.75



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: John M Prosser JOHN M PROSSER 2/1/97 813 894 7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #