


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

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company BIRDSOUND DEVELOPMENT I, L.C. 6699 90TH AVENUE PINELLAS PARK FL 34066 33782	DOCUMENT # L93000000122
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1a. Principal Place of Business Address 6699 90TH AVENUE PINELLAS PARK FL 34066 33782
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2. Principal Place of Business <i>Same</i>	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33782	Country
Country	Zip 33782

3. Date Organized or Qualified 04/14/1993	3a. State of Formation FL
4. FEI Number 59-3219103	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 06/03/1996	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent PROSSER, JOHN M 6699 90TH AVENUE NORTH PINELLAS PARK FL 34066 33782
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8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL	Zip Code 33782
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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 <u><i>John M Prosser</i></u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>2/1/97</u>
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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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-04/09/97-01063-021
****203.75 ****203.75

[Signature]

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: <u><i>John M Prosser</i></u>	JOHN M PROSSER	2/1/97	813 894 7270
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #