

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 15 AM 10:03

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 # L9300000122 BIRDSOUND DEVELOPMENT I, L.C. 6699 90th AVENUE N. PINELLAS PARK, FL 33782
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1a. Principal Place of Business Address As 1.
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2. Principal Place of Business 6699 90th AVENUE N. Suite, Apt. #, etc. City & State PINELLAS PARK FL Zip 33782	2a. Mailing Address as in 2. City & State Zip USA
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3. Date Organized or Qualified 4/13/93	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 5/1/97	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent PROSSER, JOHN M. 6699 90th AVENUE N PINELLAS PARK FL 33782
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 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 John M. Prosser **JOHN M. PROSSER** DATE 6/9/98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	JOHN M. PROSSER	6699 90th AVENUE N.	PINELLAS PARK FL 33782
MEM	KATHI LEE KONKLE	6699 90th AVENUE N.	PINELLAS PARK FL 33782

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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** DATE 6/9/98 813 541 1100
SIGNATURE AND TYPED (OR PRINTED) NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #