

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

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



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

FILED

98 MAR -4 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT #** L95000000764  
  
CONTEMPORARY ASSETS, L.C.  
1209 SEMINOLA BOULEVARD  
CASSELBERRY FL 32707

1a. Principal Place of Business Address  
  
1209 SEMINOLA BOULEVARD  
CASSELBERRY FL 32707

2. Principal Place of Business <i>SAME</i>		2a. Mailing Address		3. Date Organized or Qualified 10/12/1995		3a. State of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3339981		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Date of Last Report 04/07/1997		6. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required	
Zip	Country	Zip	Country				

7. Name and Address of Current Registered Agent  DEFILIPPO, VINCENT W 1209 SEMINOLA BOULEVARD CASSELBERRY FL 32707				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
--	--	--	--	---	--	--	--

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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DEFILIPPO, VINCENT W	1209 SEMINOLA BOULEVARD	CASSELBERRY FL
MGR	DEFILIPPO, GARY J	1209 SEMINOLA BOULEVARD	CASSELBERRY FL

800002453070--6  
-03/10/98--01097--018  
\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** \_\_\_\_\_ *2-27-98*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #