


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

APPROVED
AND
FILED

97 APR 15 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 **DOCUMENT #** M95000000277

PRIME PARK INVESTORS, LLC
~~2637 MCCORMICK DR.~~
~~CLEARWATER FL 34619-1041~~

1a. Principal Place of Business Address

~~2637 MCCORMICK DR.~~
~~CLEARWATER FL 34619~~

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

2 Principal Place of Business 2 Ponds Edge Drive Suite, Apt. #, etc.	2a. Mailing Address P.O. Box 999 Suite, Apt. #, etc.
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City & State Chadds Ford, PA Zip 19317	Country USA	City & State Chadds Ford, PA Zip 19317	Country USA
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3. Date Organized or Qualified 09/25/1995	3a. State of Formation GA
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4. FEI Number APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Date of Last Report 05/01/1996	6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
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7. Name and Address of Current Registered Agent GAYNOR, JOSEPH W 2637 MCCORMICK DR. CLEARWATER FL 34619	8. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, etc. City Plantation FL Zip Code 33324
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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  **DOMENIC A. BORRIELLO** Assistant Vice President DATE **APR 14 1997**
(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	FAIRVIEW CORPORATION,	RTS. 1 & 202, CHADDS FORD 2 Ponds Edge Drive	CHADDS FORD PA 19317
MGRM	PARKEMORE CORPORATIO,	RTS. 1 & 202, CHADDS FORD 2 Ponds Edge Drive	CHADDS FORD PA 19317
			800002143828--0 -04/15/97--01071--002 ****203.75 ****203.75
			800002143828--0 -04/15/97--01071--021 ****166.25 *****8.75
			A. Wan 4/15/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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:  **Bruce E. Moore 4-1997 (410)388-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #