




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 JUN 13 PM 3:00 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	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000798	
224 N THIRD, L.C. 1328 N. THIRD ST. JACKSONVILLE BEACH FL 32250		1a. Principal Place of Business Address 1328 N. THIRD ST. JACKSONVILLE BEACH FL 32250	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>			
2. Principal Place of Business		2a. Mailing Address	
SAME		SAME	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>		<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>
3. Date Organized or Qualified		3a. State of Formation	
10/19/1995		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3341398			
5. Date of Last Report		6. Certificate of Status Desired	
02/29/1996		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
AHERN, FRED L JR 2215 S THIRD ST SUITE 101 JACKSONVILLE FL 32250		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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ECKSTEIN, JOSEPH P	172 SAN JUAN DR	PONTE VEDRA BEACH FL
MGR	WALCHLE, BART A	737 SPINNAKER REACH	PONTE VEDRA BEACH FL
600002215926--7 -06/18/97--01073--006 ****588.75 ****588.75			
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: 		1/27/97	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>	<small>Daytime Phone #</small>