FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Mar 20 1998 8:00am Secretary of State

	1998	DIVISION OF	- CORPORATIONS		
	MENT # F9600 LL HOLDINGS, INC.	00002351 (2))		1110 HABER 11101 BARBA HABI 1881
Dalmati et Di	- 10	Marine Artel			HATA HATOR IIIN EIIN HAT IN I
Principal Place of Business		Mailing Address			
10151 DEERWOOD PARK BLVD BLDG 100. SUITE 200		10151 DEERWOOD PARK BLVD BLDG 100. SUITE 200			
JACKSONVILLE FL 32256 JACKSONVILLE FL 3		56	DO NOT WRITE IN THIS	SPACE	
				 Date Incorporated or Qualified 05/10/1996 	
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 Duite Act	ш 44-	26		59-3378904	Not Applicable
Suite, Apt.	₩, BIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25	29	30	Personal Properly Tax due June 30.	Yes No
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
	EGLER, STEVEN C		81 Name		
10151 DEERWOOD PARK BLVD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BLDG 100, SUITE 298- 410			83		
JAC	CKSONVILLE FL 32258				
			64 City	Fi	85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607.1508, Florida State te of Florida. Such change was	utes, the above-named corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	
	ım tamıllar wilni, and accept the obii	igations of, Section 607.0505, F	-iorida Statutes.		1
SIGNATURE	Signature, typed or pointed name of registered a	igent and little if applicable (NC	OTE. Registered Agent signature requi	ired when reinstaling} DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	CP FOREIT IN	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FERRELL, R. ERNEST JR	4)(
STREET ADDRESS	10151 DEERWOOD PARK B JACKSONVILLE FL 32256	SLYD, DEDG 100 STE 200	1.3 STREET ADDRESS		\i
CITY-ST-ZIP TITLE	STD STD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	KOEGLER, STEVEN C	ું હારા છ			C outside C vanition
STREET ADDRESS	10151 DEERWOOD PARK B	LVD. BLDG 100 STE 200	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		2 4 CITY-ST-ZIP	\$5	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		İ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
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I hereby certify that the information supplied with this filling 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an allachment with an address.