

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

APPROVED
AND
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1997 FEB 27 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

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 #J193000000045**

LARSON SANIBEL CONDO, L.C.
6060 RIDGE RD
EXCELSIOR MN 55331

1a. Principal Place of Business Address

DOSINIA CONDO
3339 W. GULF DR UNIT 4E
SANIBEL ISLAND FL 33957

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

2. Principal Place of Business SAME		2a. Mailing Address		3. Date Organized or Qualified 02/09/1993		3a. State of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 36-3863794		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Date of Last Report 04/04/1996		6. Certificate of Status Desired 58.75 Additional Fee Required <input type="checkbox"/>	
Zip	Country	Zip	Country				

7. Name and Address of Current Registered Agent

NICHOLS, RONALD
2628 GULF-TO-BAY BLVD.
CLEARWATER FL 34619

← SAME

8. Name and Address of New Registered Agent

Name **LARSON, ALLEN**
Street Address (P.O. Box Number is Not Acceptable)
3339 West Gulf Dr. - 4E
Suite, Apt. #, etc.
Dosinia Condominium 4E
City **Sanibel Island FL** Zip Code **33957**

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
M	LARSON, CAROL D	6060 RIDGE RD.	EXCELSIOR MN
M	NICHOLS, RONALD	2626 GULF-TO-BAY BLVD.	CLEARWATER FL ← SAME
M	LARSON, ALLEN	6060 RIDGE RD.	EXCELSIOR MN

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****203.75 ****203.75

2/27/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: Carol D. Larson (MGRM) 2/1/97 941-472-6534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #