
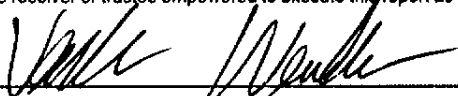


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 # L93000000114			
TARGON INVESTMENT COMPANY, L.C. 3910 SE 20TH PLACE CAPE CORAL FL 33904		1a. Principal Place of Business Address 3910 SE 20TH PLACE CAPE CORAL FL 33904			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/05/1993	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				65-0426683	
				5. Date of Last Report	
				04/24/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
SYLVIA, JUDITH A 3910 SE 20TH PLACE CAPE CORAL FL 33904		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL			
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	
MGRM	VOLKER, WENDLAND	FUSSENER STRA. 64, D-86343		KONIGSBRUNN	
MGRM	GUENTHER, MAND	AM KUNTSFELD 21B-51069		KOELN GERMANY	
				100002095981--2 -02/25/97--01001--005 ****203.75 ****203.75	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date _____ Daytime Phone # _____					

FILED
97 FEB 21 PM 12:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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