		e May 1, 1998 o 00.00 LATE FEI		d Liability	' Com	pany will be					
LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				Sandra Secre DIVISION O	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 16 PM 1:41			
\$ 188	3.75 Ma	nual Report \$100.00 ake Check Payable	To: FLOF	RIDA DEPAR	TMEN'	T OF STATE	4		Ť	1, 41	
Name of Limit	and Mailing Ad ited Liability Co			T# _{L930}			ĺ				
MOTOR MANSION, L.C. 1000 W. MAIN ST. LEESBURG FL 34748							1000 W.	1a. Principal Place of Business Address 1000 W. MAIN ST. LEESBURG FL 34748			
2. Princip	pal Place of Bus	siness	2a. Ma	ailing Address			3. Date Organiza	Date Organized or Qualified 3a. State of Formation		of Formation	
Suite, Apt	t. #, etc.		Suite, /	Apt. #, etc.			05/06/1	1993	FL	_	
City & Sta			City & S				4. FEI Number 59-3179	\ E1 2	!	Applied For Not Applicable	
Zip		Country	Žip		Countr	ter.	5. Date of Last A		6. Certific	cate of Status Desired	
							01/30/1			donal Lei Required	
	7. Name	and Address of Currer	nt Registere	d Agent		8. Name	Name and Address		tered Agen	VOffice	
1000	ISON, F WEST M BURG FL	MAIN STREET	j				(P.O. Box Number is	s Not Acceptat	ple)	, 	
THE	0AUG	1 34/40			!	Sulte, Apt. #, etc.	<i>j.</i>				
						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.											
SIGNATU	JRE	(Registered Agent Accepting	no Appoin[ment]	rNOTE: Registered Ag	nent signatur	re required when reinstatin	f	DATE			
10. Title						ess Street Address		City.	, State and Z	Zip Code	
MEM	ENTERT	rainment com	31017	31017 AIRWAY RD.			LEESBURG FL				
мем	MCLIN,	WALTER S		1000 W	J. M2	AIN ST.	ţ	LEESBU	JRG FI	i .	
MEM	BURNSE	ED, R D		1000 W	1000 W. MAIN ST.			LEESBU	JRG FI	_	
							80	0002: -03/19 !!****	4621 1/980 88.75	6089)1112005 ****188.75	
Indicated of limited liab	on this annual re	t the information supplied veport is true and accurate or the receiver or trustee eass.	e and that my empowered to	signature shall he	nave the s	same legal effect as equired by Chapter 6	s if made under oath:	n: that I am a man	naging memb	ber or manager of the	

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

Date

Daytime Phone #

3

SIGNATURE: