


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 # L93000000295 LOUX HOLDINGS LIMITED COMPANY 4900 - 95TH AVENUE NORTH PINELLAS PARK FL 34666		FILED 97 MAY -1 PM 1:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 1208 HIDDEN HARBOR DR INDIAN ROCKS FL 34635	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2 Principal Place of Business <i>11359 Church Hill Trail</i> Suite, Apt. #, etc.		3. Date Organized or Qualified 09/09/1993	
City & State <i>Seminole FL</i>		3a. State of Formation FL	
Zip <i>33772</i>		4. FEI Number 59-3211651	
Country <i>USA</i>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 06/10/1996		6. Certificate of Status Desired <input type="checkbox"/> SA 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent ZEIGLER, RON W 1266 FIRST ST, SUITE 5 SARASOTA FL 34236		8. Name and Address of New Registered Agent Name <i>7000002178247--2</i> Street Address (P.O. Box Number is Not Permitted) <i>01068--016</i> <i>****203.75 ****203.75</i> 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LOUX, JEFFREY W	1208 HIDDEN HARBOR DR <i>11359 CHURCH HILL TRAIL</i>	INDIAN ROCKS BCH, FL <i>Seminole FL 33772</i>
MGR	LOUX, LORRAINE M	1208 HIDDEN HARBOR DR <i>11359 CHURCH HILL TRAIL</i>	INDIAN ROCKS BCH, FL <i>Seminole FL 33772</i>
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: <i>Lorraine M Loux</i>		Date <i>4-26-97</i> Daytime Phone # <i>813546-4400</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			