

FILE NOW: Fee after May 1, will be \$263.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995



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

FILING FEE
\$ 238.75
Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L93000000354

JAMES MOORE & CO., P.L.
P.O. BOX 1616
GAINESVILLE FL 32602-1616

1a. Principal Place of Business Address
620 N.W. 16TH AVE.
GAINESVILLE FL 32601

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

2. Mailing Address		2a. Principal Place of Business		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/14/1993	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	59-3204548	5. Date of Last Report
				03/28/1994	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
PETTEWAY, KEITH E 233 OAKRIDGE ST. HOLLY HILL FL 32117		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	PETTEWAY, KEITH E	233 OAKRIDGE ST.	HOLLY HILL FL

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****238.75 ****238.75

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4-25

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), 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: *Keith E. Petteway* Keith E. Petteway, Managing Member 4/11/95 257-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER OR MEMBER OR MANAGER Date Daytime Phone #