



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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>JAMES MOORE &amp; CO., P.L.</b> P.O. BOX 1616 GAINESVILLE FL 32602-1616		DOCUMENT # <b>L93000000354</b>	
1a. Principal Place of Business Address  620 N.W. 16TH AVE. GAINESVILLE FL 32601		1b. 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 2a.			
2. Principal Place of Business SAME		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified 10/14/1993		3a. State of Formation FL	
4. FEI Number 59-3204548		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 03/08/1996		6. Certificate of Status Desired <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  PETTEWAY, KEITH E 233 OAKRIDGE ST. HOLLY HILL, FL 32117		8. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 100002096871 --4 Suite, Apt. #, etc. -02/25/97 - 01096 004 ***203.75 ***203.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 606.416 and 606.508, 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 renouncing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PETTEWAY, KEITH E	233 OAKRIDGE ST.	HOLLY HILL FL
MEM	DOEKR, BEN I JR	620 NW 16TH AVENUE	GAINESVILLE FL
MEM	GOOLSBY, EDWARD L	620 NW 16TH AVENUE	GAINESVILLE FL
MEM	GREEN, CURTIS J JR	620 NW 16TH AVENUE	GAINESVILLE FL
MEM	HANCOCK, THOMAS B	620 NW 16TH AVENUE	GAINESVILLE FL
MEM	VILLEMAIRE, CAROL A	620 NW 16TH AVENUE	GAINESVILLE FL
B2-21-97			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		KEITH E. PETTEWAY	
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER		Date: 2-12-97 Daytime Phone #: 904-257-4100	