

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		FILED 97 MAY -1 AM 9:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>MWB</i>	
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 # L93000000363 DANA'S HOUSEKEEPING DISBURSEMENTS FUND, L. C. P.O. BOX 1136 BLAIRSVILLE GA 30512		1a. Principal Place of Business Address 1100 CLEVELAND STREET SUITE 900 CLEARWATER FL 34625			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/20/1993	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country		3a. State of Formation FL	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-3206464	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country		5. Date of Last Report 04/26/1996	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent R/A SYSTEMS, I.C. 1100 CLEVELAND ST. SUITE 900 CLEARWATER FL, 34625			8. Name and Address of New Registered Agent 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MNGR PAYNE, MNGR HAYER		1100 CLEVELAND STREET, SUI CLEARWATER FL 2189 CLEVELAND STREET # 210		CLEARWATER FL 34625	
800002171878--0 -05/08/97--01118--027 ****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) (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: <u>G.T. HAYER</u>		G.T. HAYER		4/21/97 416 1081	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	