


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DANA'S HOUSEKEEPING DISBURSEMENTS FUND, L. C. P.O. BOX 1136 BLAIRSVILLE GA 30512</b>		<b>DOCUMENT #</b> L93000000363		1a. Principal Place of Business Address <b>1100 CLEVELAND STREET SUITE 900 CLEARWATER FL 34625</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address <b>4292 MEMORIAL DRIVE A1 DECATUR GA 30072</b>		3. Date Organized or Qualified <b>10/20/1993</b> 4. FEI Number <b>59-3206464</b> 5. Date of Last Report <b>04/26/1996</b>	
				3a. State of Formation <b>FL</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> No Fee Additional Fee Required	
7. Name and Address of Current Registered Agent <b>R/A SYSTEMS, I.C. 1100 CLEVELAND ST. SUITE 900 CLEARWATER FL 34625</b>		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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 _____ 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	
<del>MNGR</del>	<del>PAYNE,</del>	<del>1100 CLEVELAND STREET, SUI</del>		<del>CLEARWATER FL</del>	
MNGR	HAYER	2189 CLEVELAND STREET # 210		CLEARWATER FL 34625	
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. <b>SIGNATURE:</b> <u>G.T. HAYER</u> <b>4/24/97</b> <b>446 1081</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					

**FILED**

**97 MAY -1 AM 9:25**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA *MWB*

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