

**LE 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
--	---	---

**FILED**

97 MAY -5 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<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>DOCUMENT #L93000000415</b>
--	-------------------------------

M F L, LTD. L. C.  
C/O LADONNA J. CODY, P.A.  
2449 FIRST STREET  
FORT MYERS FL 33901

1a. Principal Place of Business Address

C/O LADONNA J. CODY, P.A.  
2449 FIRST STREET  
FORT MYERS FL 33901

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

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/18/1993	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		65-0461237	5. Date of Last Report
				05/28/1996	6. Certificate of Status Desired See Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
CODY, LADONNA J 2449 FIRST STREET FORT MYERS FL 33901		Name Street Address (P.O. Box Number is Not Acceptable) 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 \_\_\_\_\_ 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
MGR	LANGE, MICHAEL	TSINGTAUER STRASSE 105	MUNICH, GERMANY
MEM	LANGE, CHRISTA	TSINGTAUER STRASSE 105	MUNICH, GERMANY

600002178576--5  
-05/14/97--01094--023  
\*\*\*\*425.00 \*\*\*\*212.50

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

441-  
✓ April 29<sup>th</sup> 1997 334-3776  
Date Daytime Phone

**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 -5 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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 # L94000000312**

INNSERVCO, LTD. L.C.  
% LADONNA J. CODY, P.A.  
2449 FIRST STREET  
FT MYERS FL 33901

1a. Principal Place of Business Address

% LADONNA J. CODY, P.A.  
2449 FIRST STREET  
FT MYERS FL 33901

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

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 07/05/1994  
3a. State of Formation FL  
4. FEI Number 65-0508842  
5. Date of Last Report 05/28/1996  
6. Certificate of Status Desired ☒ Applied For ☐ Not Applicable

7. Name and Address of Current Registered Agent  
CODY, LADONNA J  
2449 FIRST STREET  
FT MYERS FL 33901

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 \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LANGE, MICHAEL	TSINGTAUER STRASSE 105	81827 MUNICH, GERMANY
100002178581--0 -05/14/97--01094--023 ****425.00 ****212.50			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

941-  
334-3726  
Date 1997 Daytime Phone