

LE 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: 10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L93000000415

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	Zip	Country	65-0461237	5. Date of Last Report
				05/28/1996	6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent

CODY, LADONNA J
2449 FIRST STREET
FORT 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

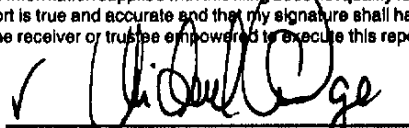
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of 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	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

Date **April 29th 1997** Daytime Phone # **941-334-3776**

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ANNUAL REPORT
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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

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

1a. Principal Place of Business Address
% LADONNA J. CODY, P.A.
2449 FIRST STREET
FT MYERS FL 33901

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/05/1994	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
				05/28/1996	SB 7a Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent

CODY, LADONNA J
2449 FIRST STREET
FT MYERS FL 33901

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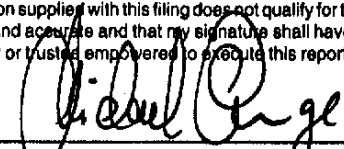
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ Zip Code **FL**

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MGR	LANGE, MICHAEL	TSINGTAUER STRASSE 105	81827 MUNICH, GERMANY
			100002178581--0 -05/14/97--01094--023 ****425.00 ****212.50

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SIGNATURE:  **941-**
Date **1997** Daytime Phone **334-3726**

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