

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 MAY 12 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

11/18/1993

FL

4. FEI Number

65-0461237

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

05/05/1997

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

CODY, LADONNA J
2449 FIRST STREET
FORT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

700002524397-- 6
-05/14/98--01125--005
***399.00 ***197.50
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 resigning)

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

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:

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

April 27, 1998

Date

Daytime Phone #

011-49-89

- 4398460