


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	
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 H, H, K ASSOCIATES, L.C. 8052 ARMSTRONG ROAD MILTON FL 32583		DOCUMENT # L94000000019 1a. Principal Place of Business Address 8052 ARMSTRONG ROAD MILTON FL 32583	
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		2a. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country		Country	
3. Date Organized or Qualified 12/09/1993		3a. State of Formation FL	
4. FEI Number 59-3226916		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 02/07/1996		6. Certificate of Status Desired See Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent HENRY, THOMAS W 8052 ARMSTRONG ROAD MILTON FL 32583		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 500002178255--7 -05/14/97--01068--019 City ****203.75 ****203.75 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HENRY, THOMAS W	8052 ARMSTRONG ROAD	MILTON FL
MGRM	HENRY, DONALD G	8052 ARMSTRONG ROAD	MILTON FL
MGRM	KENNEDY, ARLENE	8052 ARMSTRONG ROAD	MILTON FL
MGRM	GOODRICH, EDWARD	8052 ARMSTRONG ROAD	MILTON FL
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. 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: <i>Thomas W. Henry</i>		THOMAS W. HENRY 4.28.97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #