
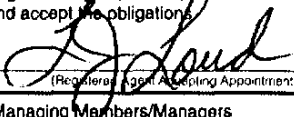
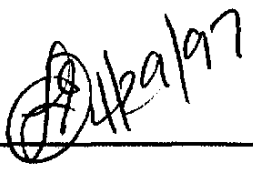
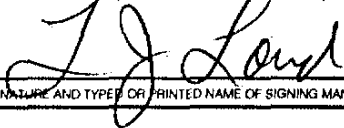


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 28 PM 1:33 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 FALCON TRACE, L.C. 2302 FALCON TRACE LANE NOKOMIS FL 34275		DOCUMENT # L94000000037 1a. Principal Place of Business Address 2302 FALCON TRACE LANE NOKOMIS FL 34275			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 2320 Harrier Way Suite, Apt. #, etc.		2a. Mailing Address 2320 Harrier Way Suite, Apt. #, etc.		3. Date Organized or Qualified 01/20/1994	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number 65-0466576	
Country		Country		5. Date of Last Report 04/15/1996	
7. Name and Address of Current Registered Agent LOUD, L. JOHN 2302 FALCON TRACE LANE NOKOMIS FL 34275		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> SB 75 Additional Fee Required			
8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2320 Harrier Way 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  (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE 4-10-97			
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM BLITMAN, HOWARD N		222 GRACE CHURCH STREET, S		PORT CHESTER NY	
MGR LOUD, L. JOHN		2302 FALCON TRACE LANE 2320 Harrier Way		NOKOMIS FL	
MGRM RITZ, ARTHUR H		16 EVON DR.		SYOSSET NY	
4000002163184--7 -05/02/97--01051--023 ***203.75 ***203.75 					
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:  4-10-97					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date					
Daytime Phone #					