


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
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APPROVED
Le: #4 AND
FILED
1997 APR 14 9:44
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
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #L94000000140
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THE EDWARDS FAMILY, L.C.
1426 GLENEAGLES WAY
ROCKLEDGE FL 32955

1a. Principal Place of Business Address
1426 GLENEAGLES WAY
ROCKLEDGE FL 32955

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 <i>Same</i>	3. Date Organized or Qualified 04/07/1994	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <i>Not applicable</i> APPLIED FOR 4-10-97	6. Certificate of Status Date <i>Not Applicable</i>
City & State	City & State	5. Date of Last Report 05/01/1996	6. Certificate of Status Date See 2b Additional Fee Required
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent EDWARDS, THOMAS 1426 GLENEAGLES WAY ROCKLEDGE FL 32955	8. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> Suite, Apt. #, etc. 700002148307-1 -04/18/97-01115-007 City FL Zip Code ****203.75 ****203.75
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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
MGRM	EDWARDS, THOMAS	1426 GLENEAGLES WAY	ROCKLEDGE FL
MGRM	EDWARDS, HILA	1426 GLENEAGLES WAY	ROCKLEDGE 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. 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: *Thomas C. Edwards* *NC* *4-10-97* *407-636-0787*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #