

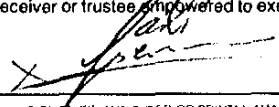


FILE NOW: Fee after May 1, will be \$588.75

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 TAKE FIVE, L.C. 7250 S KIRKMAN RD. STE. #100 ORLANDO FL 32819		DOCUMENT # L94000000276 1a. Principal Place of Business Address 7250 S KIRKMAN RD. STE. #100 ORLANDO FL 32819
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 06/16/1994 4. FEI Number 59-3249563 5. Date of Last Report 04/18/1996
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent SEMAAN, FADI T 7250 S. KIRKMAN RD. STE. #100 ORLANDO FL 32819		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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
10. Title	Managing Members/Managers	Business Street Address
City, State and Zip Code		
MGR	SEMAAN, FADI T	7250 S. KIRKMAN RD. STE. # ORLANDO FL
		300002117783--4 -03/19/97--01041--016 *****203.75 *****203.75  3-11-97
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: 		3-11-97
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>
		<small>Daytime Phone #</small>