		May 1, 1998 or 00.00 LATE FEE		i Liabliity	Com	pany will b) C	Name of the second			
1	TY COMPANY REPORT 8	ELORIDA DEVARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED 98 MAY -7 AN 10: 35						
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE											
\$ 188.	and Mailing Ad ted Liability Co	dress DOCII		#			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
		194000000292			1a. Principal Place of Business Address						
MARINO FAMILY, LIMITED COMPANY 230 NE 25TH AVENUE OCALA FL 34470								-230 NE 25TH AVENUE OCALA FL 34470			
2. Principal Place of Business 2s. Mail				ing Address			3. Date Organiza	ed or Qualified	3a. State of Formation	n	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06/23/1994 FL 4. FEI Number				
City & State			City & State				59-3252097 Applied For Not Applicable				
Zip Country			Zip Countr			ry	5. Date of Last Report 6. Certificate of 5				
	7. Name	and Address of Current	Registered	Agent	<u> </u>	l a	03/03/1 Name and Addres	997	\$8.75 Additional Lee Req	uired	
9. Pursua	ions of Sections 608.416 a	, Florida Statute	es, the a	Street Address 1 2 0 1 Sulte, Apt. #, et City TALLAY Dove-named limite	(P.O. Box Number I AYES ANSSEE d liability company s	STREET Zip Code 32301 ubmits this statement for the purpose of changing by of the members. I hereby accept the appointment					
as registered agent, and scent the obligations. SIGNATURE (Right stered Agent Accepting Appointment) (NOTIC Registered Agent signature required when reinstaining) DATE OPEN TO STATE TO STA											
10 , Title				TOTE HEIGHT A		ss Street Address		City, State and Zip Code			
MGR	GR MARINO, DOMINIC			971 BRIARWOODS ROAD			AD	FRANKLIN LAKES NJ			
MGR	GR MARINO, JAMES			971 BRIARWOODS ROAD			AD	FRANKLIN LAKES NJ			
							00	00002 -05/1 ****	9522560 479801002- 188.75 ****) -003 188.75	
	L							de			
11. Ido 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 at an an analoging member or manager of the limited liability company or the receiver or trades 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.											
SIGN	SIGNATURE: JULIUM JAMES R MARINO 3-20-98 SIGNATURE: JULIUM JAMES R MARING MANAGING M										