


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 MAY 16 PM 1:52 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 DOCUMENT # L94000000379 CHANDRA, GAYDEN & PATEL, L.C. 2202 S BABCOCK STREET SUITE 204 MELBOURNE FL 32901		1a. Principal Place of Business Address 20 E. Melbourne Avenue 2202 S BABCOCK STREET SUITE 204 MELBOURNE FL 32901																			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a																					
2. Principal Place of Business 20 E. Melbourne Avenue		2a. Mailing Address (same)		3. Date Organized or Qualified 08/05/1994																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL																	
City & State Melbourne, FL		City & State		4. FEI Number 59-3268180																	
Zip 32901		Country Brevard		5. Date of Last Report 05/01/1996																	
Zip 32901		Country U.S.A.		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
7. Name and Address of Current Registered Agent CHANDRA, RAJIV 20 EAST MELBOURNE AVENUE MELBOURNE FL 32901			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300002181713 -05/16/97--01099--001 1805.00 203.75 City 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 4-28-97																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 35%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>PATEL, BACHU</td> <td>469 N HARBOR CITY BLVD</td> <td>MELBOURNE FL</td> </tr> <tr> <td>MGRM</td> <td>CHANDRA, RAJIV</td> <td>2202 S BABCOCK STREET</td> <td>MELBOURNE FL</td> </tr> <tr> <td>MGRM</td> <td>GAYDEN, JOHN M JR</td> <td>1215 S HICKORY STREET</td> <td>MELBOURNE FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	PATEL, BACHU	469 N HARBOR CITY BLVD	MELBOURNE FL	MGRM	CHANDRA, RAJIV	2202 S BABCOCK STREET	MELBOURNE FL	MGRM	GAYDEN, JOHN M JR	1215 S HICKORY STREET	MELBOURNE FL
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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: _____			4-28-97		407-951-7404																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			Date		Daytime Phone #																