
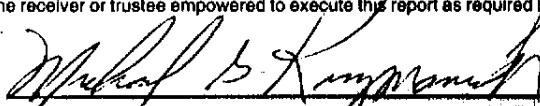


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 APR -3 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		DOCUMENT # L94000000413			
KRIZMANICH HOLDINGS. L.C. C/O SEMINOLE FINANCE CORP. 21649 U.S. HIGHWAY 19 NO. CLEARWATER FL 34625		1a. Principal Place of Business Address 5801 ULMERTON RD SUITE 200 CLEARWATER FL 34620			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 5801 Ulmerton Rd. Suite, Apt. #, etc. #203 City & State Clearwater, Florida Zip 34620		2a. Mailing Address 5801 Ulmerton Rd. Suite, Apt. #, etc. #203 City & State Clearwater, Florida Zip 34620		3. Date Organized or Qualified 08/16/1994 3a. State of Formation FL 4. FEI Number 59-3261614 5. Date of Last Report 02/19/1996 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$0.75 Additional Fee Required	
7. Name and Address of Current Registered Agent COHRS, DENIS A 800 SECOND AVE S SUITE 380 ST PETERSBURG FL 33701			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 600002134276--5 -04/04/97--01110--012 City ****201 Zip Code ****208.75 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	KRIZMANICH, MICHAEL G	5801 ULMERTON RD SUITE 200		CLEARWATER FL	
MEM	KRIZMANICH, VINCETTA	5801 ULMERTON RD SUITE 200		CLEARWATER 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:  Michael Krizmanich 4/1/97 (813) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # 530-7722					