File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 APR 15 AM 9:56

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\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address DOCLIMENT #								SECRETARY OF STATE TALLAHASSEE, FLORIDA					
1. Name and Malling Address of Limited Liability Company DOCUMENT # L9400000561													
THE CANAL AUTHORITY, L.C.								1a. Principal Place of Business Address					
1300 RIVERPLACE BLVD., SUI						310		1300 RIVERPLACE BLVD., SUITE					
JACKSONVILLE FL 32207					İ			JACKSON	VILLE F	'L 322	107		
2. Principal Place of Business 2a. Maili					ing Address			3. Date Organize	ed or Qualified	3a. State	of Formatio	n	
Suite, Apt. #, etc. Su				Cuito An	Suite, Apt. #, etc.			10/19/1	FL				
Suite, Apr. #, etc.				Suite, Apr	Suite, Apt. #, etc.			4. FEI Number	<u> </u>	Appli	ied For		
City & State				City & Sta	ate			59-3276			Applicable		
Zip Country			7			<u></u>	5. Date of Last F		6. Certificate of Status Desired				
Ζip		Country		Zip		Countr	^{,y}	a = 14 = 14		\$8.75 Addit	ional Fee Rec	quired	
7. Name and Address of Current Regi				Registered	gistered Agent			05/15/1997 8. Name and Address of New Regi			stered Agent/Office		
						Name							
BRANNEN, WILLIAM M								O. Box Number is	Not Acceptab	اها			
1300 RIVERPLACE BLVD., SUITI JACKSONVILLE FL 32207					£ 610			3000024985134					
					Sulte, Apt. #, etc.			-04/23/98011160 <u>18</u>					
								****188.75 ****188.75					
					City			Zip Code					
9. Pursus	ant to the pro-	visions of Si	ections 608 416 ar	nd 608.508,	Florida Statute	s, the at	ove-named limited I	liability company su	bmits this state	ment for the	purpose of	changing	
as registe	red <mark>on</mark> ice or re red <mark>ag</mark> ent, ar	igistered ag id accept th	jent, or both, in the S ie obligations.	5181e of Flor	ida. Such chang	ge was a	uthorized by affirmati	ive vote of a majorit	y of the members	a. I hereby ac	cept the ap	pointment	
SIGNATU	IRE_							ſ	DATE				
					IOTE Registered Age	DTE Registered Agent signature required when reinstating)							
10. Title	Managing Members/Managers				Business Street Address				City,	State and Z	ip Code		
MGR	FLORIDA TITLE GROUP, I				1300 RIVERPLACE BLVD., S				I JACKSONVILLE FL				
MEM	FLORIDA TITLE GROUP, I				1300 RIVERPLACE BLVD., SU				JACKSO	NVILL	E FL		
MEM	ያለበ አ	оръ т	NVESTMEN	וחד	0/0 12	- A A T	~ T T T C C C C T T T C		avaa				
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11. I c ombe	reby certify th	at the inform	ation supplied with	this filing de	oes not qualify fo	or the exe	emption stated in Sec	tion 119.07(3) (i), F	lorida Statutes. I	further certi	fy that the in	formation	

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:

INATURE AND TYPE FOR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/13/98 904-396-1010
Daylino Phone #