
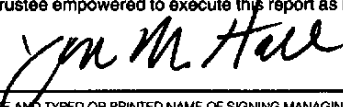


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB -7 PM 1:58 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 THE CASCADES ASSOCIATES, L.C. 1025 CLEARLAKE DRIVE DELAND FL 32720		DOCUMENT #L94000000577 1a. Principal Place of Business Address 1025 CLEARLAKE DRIVE DELAND FL 32720			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/22/1994 3a. State of Formation FL 4. FEI Number 59-3280056 5. Date of Last Report 02/14/1996 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> <small>SEE 6.13 Form 4 For Required</small>	
7. Name and Address of Current Registered Agent PRATT, JAMES R 369 N NEW YORK AVE WINTER PARK FL 32789			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div>		
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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)</small>					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	HALL, JON M	1025 CLEAR LAKE DRIVE	DELAND FL		
MGR	HALL, PRISCILLA	1025 CLEAR LAKE DRIVE	DELAND FL		
MGR	RICHMOND, DAVID	1500 E ROBINSON ST	ORLANDO FL		
MGR	BEN-ARI, EITAN	105-7 HASHMONAIM ST	TEL-AVIV 67011 ISRAEL		
			200002085182--8 -02/12/97--01070--013 ****203.75 ****203.75 JB2-7-97		
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: 		2/4/97		(904) 736-0045	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	