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

, /	D LIABILITY COMPAN' ANNUAL REPORT 1997		9R 28 44 2 T							
of Limit	·	SECRETARY OF STATE TALLAHASSEE, FLORIDA  1s. Principal Place of Business Address								
3	649 W. GULF DRI ANIBEL FL 33957	B649 W. GULF DRIVE SANIBEL FL 33957								
	mailing address is incorrect in any way at Place of Business	3. Date Organize	id or Qualified	3a. State of Formatio						
Suite, Apt	. #, etc.	Suite, Apr	Suite, Apt. #, etc.				10/31/1994 FL			
City & Sta	le	City & Sta	ite			Applied For Not Applicable				
Zip	Country Zip		Country		<del></del>	5. Date of Last Report 08/16/1996		6. Certificate of Status Desired Sa // Additional to the point of		
7. Name and Address of Current F		Current Registered	Registered Agent			8. Name and Address of New		egistered Agent		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code  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 changin 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. Thereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  DATE										
10. Title	(Registered Age /h Managing Members/	IOTE: Registered Agent signature required when reinstation  Business Street Address			City, State and Zip Code					
MGRM :	HILLEBRANDT, WI	[LLIAM ]	456 PE	RWINKLE	WAY		ANIBEL	FL		
MGRM	SERPENTINI, ROI	BERT JR 1456 PERWIN		ERWINKLE	KLE WAY		ANIBEL	FL		
1	·	RPENTINI, ROBERT SR 1456 PERWII			WAY	\$	ANIBEL	FL	;	
MGRM :	BURNS, JOSEPH M 1456 PERWI			ERWINKLE	YAW	Ś	ANIBEL	FL	}	
•						60	0:0:2:1 -05/06/ ****20	. <b>674</b> 56- 97010720 3.75 *****20		
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: 14/3/97 59/-395-3579  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Desystems Phone #										