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

Zip Country 5. Date of Last Report 6. Certificate of Status Desir 8. Name and Address of New Registered Agent Name SYLVA, JUDY 3910 SE 20 PLACE CAPE CORAL FL 33904 Suite, Apt. #, etc. City Zip Code Zip Code PL Zip Code P. Pursuant to the provisions of Sections 608.416 and 608.508. Fiorida Statutes, the above-named limited liability company submits this statement for the purpose of change.					,			
SOUNTINE To Do Country To Applied For Address of Current Registered Agent To Name and Address of Current Registered Agent To Time To Time To Name and Address of Current Registered Agent Sulfa, Agr. 7, 166 City To Country To Name and Address of Current Registered Agent Sulfa, Agr. 7, 166 City To Country To Time Managing Membrack Administration in the Sales of Social Statutes, the above - named innited liability company authorists abbanement for the purpose of charge are registered Agent, and a decept the epipearum and advent of the more appearance of the registered Agent are registered Agent. To Time Managing Membrack Administration agent, at both, in a Sales of Florida Statutes, the above - named innited liability company authorists abbanement for the purpose of charge are registered Agent. To Time Managing Membrack Administration agent, at both, in an amanaging member of managing member of manag	ANNUAL REPORT		Sandra B. Mortham Secretary of State					
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To Country To Country To Date of Last Report To Date of Last Report To Date of Last Last Designed Teaching and Status Designed Teaching Teaching and Status Designed Teaching Te	City & State City & Sta		ate		}			
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Sulfe, Apr. #, etc. 8. City 8. FL 8. Pursuant to the provisions of Sections 609.416 and 605.508. Floride Statules, the above-named limited liability company submits this statement for the purpose of chang its registered agent, and accept the obligations. 8. SIGNATURE 8. Registered Agent Acceptable (Registered Agent Acceptable) 9. AT Business Agent Acceptable (Registered Agent Agent Acceptable) 10. Title Managing Members/Managers 10. Title Managing Members/Managers 10. Title Managing Members/Managers 10. Signature (Registered Agent Acceptable) 8. SYLVIA, MARK 10. Signature (Registered Agent Acceptable) 11. Ido hereby certify that the Information supplied with his filling does not qualify for the examption stated in Section 118.07(3) (i). Floride Statutes. Hurther certify that the Information for Managing Members/Managers 11. Ido hereby certify that the Information supplied with his filling does not qualify for the examption stated in Section 118.07(3) (i). Floride Statutes. Hurther certify that the Information for managing member or managing member or managing member or managing of Instead Institute and property or the managing member or managing or Managers in Block 10, or or statechment with an address. 11. A T. A W. A T. A	,						Not Applicable 6. Certificate of Status Desired	
7. Name and Address of Current Registered Agent Syllva, JUDY 3910 SE 20 PLACE CAPE CORAL FL 33904 Sireot Address (P.O. Box Number is Not Acceptable) DATE (Nogative Agent Acceptable) Agent Agent Acceptable) The Agent Agent Acceptable Agent Acceptable Agent Agent Ac	Zip Country	Zip ———	Counti	ry	l .	·		
Street Address (P.O. Box Number is Not Acceptable) To City State and Statement for the purpose of change the statement for the purpose of change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE The Independent Agent Acceptance Agent Accept	7. Name and Address of Current F	Registered Agen	1					
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Lip Code FL 8. 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 change its registered office or registered span, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Their oby accept the appointment are registered again, and accept the obligations. SIGNATURE (Registered Again Accessory Accessory Acceptable) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MEM ROHLEDER, HARALD W KIRZINGER STR 21, D-86991 DIESSEN A.A. GERMANY SYLVIA, MARK 3910 S.E. 20TH PLACE CAPE CORAL FL 3010121110513— -03/11/9701126017 ******203.75 ******203.** 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the Information does not give the same legal effect as if made under cath, that I am a managing member or manager of indicated on this annual report is true and accurate and that my signature shalf wave the same legal effect as if made under cath, that I am a managing member or manager of indicated on this annual report is true and accurate and that my signature shalf wave the same legal effect as if made under cath, that I am a managing member or manager of indicated on this annual report is true and accurate and that my signature shalf wave the same legal effect as if made under cath, that I am a managing member or manager of indicated on this annual report is true and accurate and that my signature shalf wave the same legal effect as if made under cath, that I am a managing member or manager of indicated on this annual report is true and accurate and that my signature shalf wave the same legal effect as if made under cath, that my name appears in Block 10, or on attachment with an address.	SYLVA, JUDY			Name				
Suite, Api. 4, etc. City FL Zip Code 8. 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 changes the registered eigent, or both, in the State of Florida. Such change was authorized by altimative vote of a majority of the members. Thereby accept the appointment registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when retainating) DATE 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MEM ROHLEDER, HARALD W KIRZINGER STR 21, D-86991 DIESSEN A.A. GERMANY MEM SYLVIA, MARK 3910 S.E. 20TH PLACE CAPE CORAL FL 30002110513— -03/11/97-01126-017 ******203.75 ******203.** 11. Ido hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If further certify that the Information supplied with the Information supplied with the string provided on this annual report is true and accurate and that may eignature shaply have the arms legal effect as if made under cath, that I am a managing member or manager of the color of true to receiver or true late on the structure of the color	3910 SE 20 PLACE		Street Address (P.O. Box Number is Not Acceptable)			
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 change its registered agent, and accept the obligations. SIGNATURE [Registered Agent Accepting April Ac	CAPE CORAL EL 33904		Suite, Apt. #, etc.					
8. 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 change its 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 obligation. Signature [Registered Agent Accepting Approximated] [NOTE Registered Agent Accepting Approximated Agent Accepting Approximate Agent Age				City	Zip Code			
Is registered office or registered agent, or both, in the State of Floride. Such change was authorized by aftirmative vote of a majority of the members. Thereby accept the appointm as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent agreed when relinativing). DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent agreed when relinativing). DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent agreed when relinativing). DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent agreed Agent agr			FL					
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER . Date Dayling Phone # NHSE10 R(12-96)								