


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAR 17 AM 8:23 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		DOCUMENT # L94000000643			
FARREN INVESTMENT GROUP, L.C. 400 7TH AVE. SOUTH NAPLES FL 33940		1a. Principal Place of Business Address 400 7TH AVE. SOUTH NAPLES FL 33940			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/29/1994	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				65-0538523	
				5. Date of Last Report	
				04/15/1996	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
FARREN, PEGGY 400 7TH AVE. SOUTH NAPLES FL <del>33940</del> 34102			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	FARREN, PEGGY	400 7TH AVE. S.		NAPLES FL, 34102	
MGRM	FARREN, FRANCIS A	15006 ALEXANDER <del>34405 ANN ARBOR TER.</del>		LIVONIA MI, 48154	
MEM	COLOMBO, ANNE MARIE	3771 UPLAND DR.		MARIETTA GA, 30066	
MEM	FARREN, JOHN M	530 PARK ST <del>105 GRANT ST., APT. A</del>		SOCORRO NM, 87801	
MEM	FARREN, SUSAN T	2213 C LAKE PARK DRIVE 725 PINE TREE HILLS CIRCLE		SMYRNA GA ATLANTA GA 30305	
NE3000002118118-7 -03/19/97-01088-006 ****203.75 ****203.75					
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: <i>Peggy Farren</i>		3-13-97 (941) 434-9403			
SIGNATURE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	