


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 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	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified		3a. State of Formation	
11/29/1994		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0538523			
5. Date of Last Report		6. Certificate of Status Desired	
03/17/1997		\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
FARREN, PEGGY 400 7TH AVE. SOUTH NAPLES FL 34102		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
		100002482571--2 -04/08/98--01061--011 ****188.75 ****188.75 FL	
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
MGRM	FARREN, FRANCIS A	15006 ALEXANDER	LIVONIA MI
MEM	COLOMBO, ANNE MARIE	3771 UPLAND DR.	MARIETTA GA
MEM	FARREN, JOHN M	20044 SUD BURY 520 PARK ST	LIVONIA MI SOCORRO NM
MEM	FARREN, SUSAN T	2309 CITARLESTON PL	MARIETTA, GA
MEM	<del>FARREN, RICHARD G</del>	725 PEACHTREE HILLS CIRCLE	ATLANTA GA
MEM	FARREN, RICHARD G	P.O. BOX 944	NAPLES, FL

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: Peggy Farren Peggy Farren 3/31/98 941-434  
9403  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #