


**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 JAN 29 PM 2:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT # L94000000661</b>  DUCAT LIMITED INVESTMENTS, L.C. 2010 DUNDEE RD. WINTER HAVEN FL 33884		1a. Principal Place of Business Address  2010 DUNDEE RD. WINTER HAVEN FL 33884			
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 12/05/1994	
				3a. State of Formation FL	
				4. FEI Number 59-3301731	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 02/12/1996	
				6. Certificate of Status Desired SA 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  DUCAT, MARIANNE L 132 SHELLEY DRIVE WINTER HAVEN FL 33884			8. Name and Address of New Registered Agent  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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)                      DATE _____					
10. Title                      Managing Members/Managers                      Business Street Address                      City, State and Zip Code					
MGRM DUCAT, MARIANNE L                      132 SHELLEY DRIVE                      WINTER HAVEN FL					
MGRM M. L. DUCAT ENTERPRISE                      132 SHELLEY DRIVE                      WINTER HAVEN FL					
3000002073973--3 -01/30/97--01074--002 ****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: <u>Marianne Ducat</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER                      Date                      Daytime Phone #					