


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>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  98 MAY -1 AM 9:12	
<b>FILING FEE</b> \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000688			
GOLF ADS UNLIMITED, L.C. <del>6400 NORTH JULIE AVE.</del> <del>TAMPA FL 33610</del>		1a. Principal Place of Business Address  <del>6400 NORTH JULIE AVE.</del> <del>TAMPA FL 33610</del>			
2. Principal Place of Business 510 15th AVENUE Suite, Apt. #, etc.		2a. Mailing Address P.O BOX 768 Suite, Apt. #, etc.		3. Date Organized or Qualified 12/19/1994	
City & State ST. PETERSBURG, FLA.		City & State PINELLAS PARK, FLA.		3a. State of Formation FL	
Zip 33704		Zip 33780-0768		4. FEI Number 59-3285983	
Country Pinellas		Country Pinellas		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent  GOLD, AARON J 704 WEST BAY ST. TAMPA FL 33606		5. Date of Last Report 04/25/1997			
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 100002514311--5 Suite, Apt. #, etc. 05/06/98 01133-013 ****188.75 ****188.75 City FL Zip Code MBA		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>			
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 <u><i>[Signature]</i></u> DATE <u>4-25-98</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	<del>SCHROEDER, VERNON T</del>	<del>6400 NORTH JULIE AVE.</del>		<del>TAMPA FL</del>	
MGR, PTR	MOODY, GLENN S	P.O BOX 768		PINELLAS PARK, FLA. 33780-0768	
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><i>[Signature]</i></u> <u>4-25-98</u> <u>813-550-9316</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					