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

LIMITED LIABILITY COMPANY
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

97 APR 22 AM 10. 1 TO

{	199	7	T. III	DIVISION OF	CORPOR	RATIONS		- 1 111 /	· C Bri R	<i>J:</i> 47		
FILING	FEE	Annual Report \$100					1	SECRETA	RY OF 91	TATE:		
\$ 203	.75 Mal	ce Check Payable					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
1 Name of Limit	and Mailing Add ted Liability Con	ress pany DOC	JMENT	#L94000	00070	00	}					
l							1a. Principal Place of Business Address					
MME AND ASSOCIATES, L.C.												
P.O. BOX 261564 TAMPA FL 33685							607 W HORATIO ST TAMPA FL 33606					
l liabove r	mailing address is i	ncorrect in any way, line th	rough incorrect	Į.								
			ng Address			3. Date Organize	d or Qualified	3a. State o	f Formation			
College Annual College			Sulta An	Apt. #, etc.			2/19/199	14 1	FL			
Suite, Apt. #, etc.			Suite, Ap	Suite, Apr. #, Bic.			4. FEI Number]	Applied For		
City & Sta	City & State City &			itate					1	Not Applicable		
) 			<u> </u>				5. Date of Last R		6. Certificat	e of Status Desired		
Zip		Country	Zip		Country				SB Zh Addino	nal Fee Heguired		
<u></u>	7. Name	and Address of Currer	t Registered	Agent			05/01/199 B. Name and Addr		nistered Age	nt		
<u> </u>					N	ame						
	JAMES			ļ								
607 W HORATIO ST FAMPA FL 33606			Street Address (P.O. Box Number is Not Acceptable)						
				Suite, Apt. #, etc			s.					
}]							
1					C	ity			Zip Code			
0 Pureus	at to the acquisi	ons of Sections 608,416	2 and 600 500	Elorida Statutos	the shou	a named limited	liability company s	hmite this state	mant for the r	verses of changing		
its register	red office or regis	stered agent, or both, in t										
as registe	red agent, and a	accept the obligations.										
SIGNATU	IRE	[Registered Agent Acceptin	g Appointment) (f	VOTE: Registered Agen	nt signature reg	required when reinstaling)						
10. Title	Man	aging Members/Managi		Business Street Address				City, State and Zip Code				
			***************************************			······································						
мем	BL & AS	SOCIATES IN	NTERN I	.o. Box	261	564	d	AMPA F	L	i		
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MGRM	CAPP, R	OBERT T	'	\$07 W. н	IORAT:	IO STRE	ET 7	'AMPA F	L			
SEM SPROUSE DONALD 17			71 NEOPOLITAN LANE				APLES 1	PL	-			
MEM CTUCK, JEFFRY			OS-FIFTH AVENUE SOUTH, #2-HAPLES FL									
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11. Idohe	reby certify that t	he information supplied	with this filing d	oes not qualify for	f the exemp	otion stated in Se	iction 119.07(3)(i), F	iorida Statutes.	I turther 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:	Robert	7.	Vop	6