2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

FILING FEE \$ 588.75	Annual Repo	ort \$100.00 + neck Paya			
	1997				
ANNU	AL REPO	RT			
LIMITED LIABILITY COMPANY					

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

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FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee						SECRETARY OF STATE TALLAMASSITE, FLORIDA					
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE											
1. Name and Malling Address of Limited Liability Company DOCUMENT #L9400000					0000	733			G. Ph. (P)	₩ <b>A</b>	
								1a. Principal Place of Business Address			
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н	GHLAND B	EACH FL 3	3487				HIGHLAND BEACH FL 33487				
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	nalting address is incorr				enter cor	rection in Block 2a.	<u> </u>				
2. Principa	al Place of Business		2a. Mailin	g Address			3. Date Organize	d or Qualified	3a. State of	f Formation	
	SAM	k	-			12/29/1994		FL			
Suite, Apt. #, etc. Suite, Apt.			#, etc.			4. FEI Number			Applied For		
City & State City & S			City & Sta	210			65-0569729		]	Not Applicable	
Zip	Cou	nirv	Zip		Count	rv	5. Date of Last R	eport	6. Certificate	e of Status Desired	
					o o o o o	·,	09/05/199	96	S8.75 Additio	nal Lee Required	
	7. Name and	Address of Curren	Registered /	Agent			B. Name and Add	ess of New Ro	egistered Age	nt	
IITRECI	HT, STEVE	N T				Name Th	1) HARANI	an/	-	· <del></del>	
	N FEDERAL			Street Address (I			P.O. Box Number is Not Acceptable)				
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	RATON FL					Sulte, Apt. #, etc			_ <del></del>		
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۸				City Nighla			IAND BEACH, FL 33487				
its register	ed office or registere	d gent, or both, in f	and 608.508, e State of Flor	Florida Statute ida. Such chang	s, the a je was a	bove-named limited authorized by affirm	d liabliity company se ative vote of a majorit	ubmits this state y of the member	ement for the p	ourpose of changing cept the appointment	
as register	and agent and acce	prine obligations	1 14.								
SIGNATU	RE VIY	MM YM	um	مث			Γ	DATE 8/	18197		
0.0	(F	Registered Agent Accepting	Appointment) (N	OTE Registered Age	nt signatu	ro required when reinstalin					
10. Title	Managin	g Members/Manage	rs	Business Street Address				City, State and Zip Code			
мем	HARONIAN,	S J		405 DOUGLAS AVE			NORTH PROVIDENCE RI				
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11. Ido hereby certify that the information supplied with thy filling 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 hat 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 trusted empowered to execute 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 trusted empowered to execute 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 trusted empowered to execute 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 trusted empowered to execute 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 trusted empowered to execute 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 trusted empowered to execute 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 trusted empowered to execute 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 trusted empowered to execute 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 trusted empowered to execute the limited liability of the liability of t

SIGNATURE:

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## HARONIAN REALTY, LC 3015 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487

August 18, 1997

Florida Department of State Division of Corporations Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

## Dear Sir/Madam:

I received the Annual Report today for Haronian Realty, L.C. This is the second year that the **only** notice I receive is the second notice. I have no idea where the first notice is going. Would you please check to see if the first and second notices are going to the same address.

Last year I paid the late fees assuming the first notice got lost in the mail. This year I am requesting that the late fees be waived. The late fees are considerable higher than last year.

Please let me know if you have any insight into this problem. We would certainly file the Annual Report in a timely manner given the opportunity to do so.

John Haronian

President