

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Workman
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 27 AM 7:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE
\$ 203.75
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000011

GARY SMIGIEL II, L.C.
87 17TH AVENUE SOUTH
LAKE WORTH FL 33462

1a. Principal Place of Business Address
87 17TH AVENUE SOUTH
LAKE WORTH FL 33462

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/06/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip		Country		5. Date of Last Report	6. Certificate of Status Desired
				06/13/1996	SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
HANDLER, HENRY B 2255 GLADES RD. SUITE 218A BOCA RATON FL 33431		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 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																	
MRGM	SMIGIEL, GARY	87 17TH AVE. SOUTH	LAKE WORTH FL																	
		500002100145--3 -02/27/97--01072--004 *****203.75 *****203.75																		
		<table border="1"><tr><td colspan="2">APPROVED FOR PAYMENT</td></tr><tr><td>PROJECT</td><td>VENDOR</td></tr><tr><td>SP II</td><td></td></tr><tr><td colspan="2">APPROVAL</td></tr><tr><td colspan="2">65</td></tr><tr><td>DATE</td><td>AMOUNT</td></tr><tr><td>1-23-97</td><td>203.75</td></tr><tr><td>P.O.#</td><td>G.L.#</td><td>DATE PAID</td></tr></table>		APPROVED FOR PAYMENT		PROJECT	VENDOR	SP II		APPROVAL		65		DATE	AMOUNT	1-23-97	203.75	P.O.#	G.L.#	DATE PAID
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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: [Signature] mmmm 2-27-97 407 968 365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

aw 2/27