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FILED

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L950000000059

1b. Principal Place of Business Address

5 QUINTETTE ROAD
CANTONMENT FL 32533

2. Principal Place of Business	2a. Mailing Address
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3. Date Organized or Qualified 01/18/1995		3a. State of Formation FL	
4. FEI Number 59-3292171		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 09/20/1996		6. Certificate of Status Desired \$8.75 Additional Fee Required	

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.

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

2561/96
3/5/96
\$203.75

-03/12/97--01019--007

SIGNATURE:

Dal

Daytime Phone #