


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

APPROVED  
AND  
FILED

1997 JUL 21 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #L95000000101</b>
PALMETTO, L.C. <del>2950 S. MCCALL RD.</del> ENGLEWOOD FL 34224	

1a. Principal Place of Business Address
<del>2950 S. MCCALL RD.</del> ENGLEWOOD FL 34224

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
<del>2940 S. MCCALL RD.</del> Suite, Apt. #, etc.	<del>P.O. Box 5334</del> Suite, Apt. #, etc.
City & State	City & State
ENGLEWOOD, FL	ENGLEWOOD, FL
Zip	Zip
34224	34224
Country	Country
USA	USA

3. Date Organized or Qualified	3a. State of Formation
01/09/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For
65-0555566	<input type="checkbox"/> Not Applicable
NOT APPLICABLE	
5. Date of Last Report	6. Certificate of Status Desired
05/03/1996	\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent
GRANICZ, ROBERT T <del>2950 S. MCCALL RD.</del> ENGLEWOOD FL 34224

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2940 S. MCCALL RD
Suite, Apt. #, etc.
City
ENGLEWOOD FL
Zip Code
34224

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 1/24/97

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KEATHLEY, HAROLD	2940 <del>2950 S. MCCALL RD.</del>	ENGLEWOOD FL
MEM	<del>KEATHLEY, HAROLD</del>	<del>2950 S. MCCALL RD.</del>	<del>ENGLEWOOD FL</del>
MGR	GRANICZ, ROBERT	2940 <del>2950 S. MCCALL RD.</del>	ENGLEWOOD FL
MEM	<del>GRANICZ, ROBERT</del>	<del>2950 S. MCCALL RD.</del>	<del>ENGLEWOOD FL</del>

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\*\*\*\*597.50 \*\*\*\*597.50

1/24/97 475-2111

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:  R.T. GRANICZ. 1/24/97 475-2111