	D,LIABILIT	Y COMPANY EPORT	Sand	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			FILED					
	199	8		DIVISION OF CORPORATIONS				98 APR 15 AM 9: 13				
FILING \$ 188.				Corporation Supplemental Fee DA DEPARTMENT OF STATE								
Name of Limit	and Mailing Add ed Liability Cor	dress mpany DOCL	IMEN	T# _{L95}	0000	00118					FLORIDA	_
	3444 ME	YER REGION MORIAL HWY L 33622-51	MPANY,	NY, L.C.			1a. Principal Place of Business Address 3444 MEMORIAL HWY TAMPA FL 33622					
2. Principa	al Place of Bus	Iness	ailing Address	ng Address			3. Date Organized or Qualified 3a.			a. State of Formation		
Suite, Apt. #, etc. Suite, Apr				Apt. #, etc.	l. #, etc.			02/09/1995 4. FEI Number		FL	Applied For	
City & State City & Sta				State	ite			59 -3 317235			Not Applicab)le
Zip Country			Zip		5. Date of L			Report 6. Ce		cate of Status Desire	đ	
7. Name and Address of Current Registered				od Acent		Т		1/18/1			ational Fee Required	_
3444 TAMP	A FL 33	AL HWY. 8622	20 51-44-0-4		Sulte, Apt. #, etc	0.1.10.00 01110 000				1115008 ****188.75		
its register as register	ed office or regi red agent, and	ions of Sections 608.416 stered agent, or both, in the accept the obligations.	and 608.50 ne State of F	ilorida, Such chi	utes, the at ange was a	oove-named iimite uthorized by affirm	ative vot	e of a majorit	y of the member	ment for th s. I hereby a	e purpose of changin accept the appointme	nt nt
SIGNATU		(Registered Agent Accepting	(NOTE Registered				DATE City, State and Zip Co				-	
10. Title	Mar		Business Street Address				Ony, otate and ap occor			_		
мем	CHADWI	601 I	601 LOMAX STREET				JACKSONVILLE FL					
MEM	DOCKTO	2250	2250 CORPORATE PLAZA S				SMYRNA GA					
мем	EVANS,	2100	2100 RIVERCHASE CNTR #406				BIRMINGHAM AL					
MEM	SUNDER	L 3444	3444 MEMORIAL HWY.				TAMPA FL					
MEM	MATTHE	WS, WILLIA	M D	2100	RIVE	RCHASE C	NTR	#400	BIRMIN	IGHAM	AL	
MEM		CHARLES EXECUTE		2100 Copy	D	rchase c	ntr	#400			APR 20 195	10

11. Ido 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:

**Company of the Information Statutes are 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.

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SIGNATURE: X

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