


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

LIMITED LIABILITY COMPANY ANNUAL REPORT: 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 JOHNSON SPARROW, L.C. 14001 COLUMBINE AVE. WELLINGTON FL 33414		DOCUMENT #L95000000161 1a. Principal Place of Business Address 14001 COLUMBINE AVE. WELLINGTON FL 33414 <div style="text-align: right;"><i>MWB</i></div>	
2. Principal Place of Business 13344 BURTON TERRACE <small>Suite, Apt. #, etc.</small> City & State Zip Country		2a. Mailing Address 13344 BURTON TERRACE <small>Suite, Apt. #, etc.</small> City & State Zip Country	
3. Date Organized or Qualified 03/01/1995		3a. State of Formation FL	
4. FEI Number 65-0567118		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/26/1996		6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent JOHNSON, CHARLES 14001 COLUMBINE AVE. WELLINGTON FL 33414		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL</div>	
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 _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	JOHNSON, CHARLES	14001 COLUMBINE AVE.	WELLINGTON FL
MGRM	JOHNSON, LINDA	14001 COLUMBINE AVE.	WELLINGTON FL
			500002150305--2 -04/22/97--01033--013 ****203.75 ****203.75
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: <i>Charles B. Johnson</i> Charles B. JOHNSON 3/7/97			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>	<small>Daytime Phone #</small>