
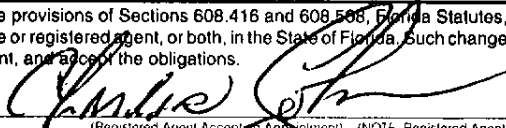
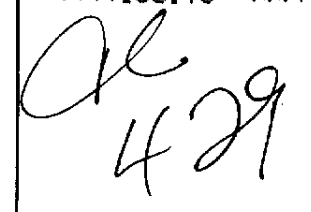
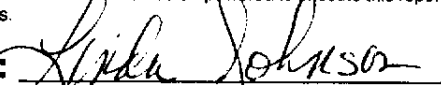


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 29 PM 4:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000161		1a. Principal Place of Business Address	
JOHNSON SPARROW, L.C. 13344 BURTON TERRACE WELLINGTON FL 33414				13344 BURTON TERRACE WELLINGTON FL 33414	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/01/1995	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				65-0567118	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				04/21/1997	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
JOHNSON, CHARLES 14001 COLUMBINE AVE. WELLINGTON FL 33414				Name Charles Johnson Street Address (P.O. Box Number is Not Acceptable) 13344 BURTON TER. Suite, Apt. #, etc. Wellington City Wellington Zip Code FL 33414	
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 4-27-98	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	JOHNSON, CHARLES	13344 BURTON TER		WELLINGTON FL	
MGRM	JOHNSON, LINDA	14001 COLUMBINE AVE.		WELLINGTON FL	
		13344 BURTON TER		800002513948--8	
		14001 COLUMBINE AVE.		-05/06/98--01101--014	
				****188.75 ****188.75	
					
				429	

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:  LINDA JOHNSON 4/27/98 (561) 7903235

(Signature and Typed or Printed Name of Signing Managing Member or Manager)

Date

Daytime Phone #