File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.										
LIMITE	LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			FILED						
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee							99 MAY -3 FM 12: 56			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # L9500000161						Scondivina on STA TALLAHASSEE, FLORIDA				
JOHNSON SPARROW, L.C.						1a. Principal Place of Business Address				
13344 BURTON TERRACE WELLINGTON FL 33414						13344 BURTON TERRACE WELLINGTON FL 33414				
2 Princip	ng Address			3. Date Organized or Qualified 3a. State of Formation						
			A-1 0 -1-			03/01/1995 FL				
Suite, Apt #, etc.			Suite, Apt. #, etc.			4. FEI Number Applied For				
City & Sta	e	City & State			<del></del>	65-0567118		r <del></del>	Not Applicable	
Zip Country		Zip	Zip Count		try	5. Date of Last Report 04/29/1998			ate of Status Desired	
	Agent		8. Name	Name and Addres		tered Agen	VOffice			
its register	Street Address (P.O. Box No Suite, Apt. #, etc.  City  Florida Statutes, the above-named limited liability con ida. Such change was authorized by affirmative vote of a			I liability company s	-05/: **** <b>FL</b>	11/93- 11/93- 188, 79 Zip Code				
as registered agent, and accept the obligations.  SIGNATURE										
<b>10</b> . Title	THE Respondence Ag	Oth Beginned Agent signative in control when in relating to Business Street Address			City, State and Zip Code					
MGRM	JOHNSON, CHARLES	13344 BURTON TERRACE			ACE	WELLINGTON FL				
MGRM	JOHNSON, LINDA	13344 BURTON TERRACE			WELLINGTON FL					
					5-10-99	<b>,</b>				
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stand 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 togal 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: 4/29/99 SCI-681-4804 SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD										

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