


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	FILED 97 MAR 27 PM 2: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 ULTIMATE WEEK, L.C. 2909 WEST S.R. 434 SUITE 101 LONGWOOD FL 32779		DOCUMENT # L95000000168 1a. Principal Place of Business Address 2909 WEST S.R. 434 SUITE 101 LONGWOOD FL 32779		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business 995 N. Hwy 434 - Suite 2731 Suite, Apt. #, etc. Suite 2731 City & State Altamonte Springs, FL Zip 32714		2a. Mailing Address S A M E Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/01/1995 3a. State of Formation FL 4. FEI Number 59-3306425 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 05/30/1996 6. Certificate of Status Desired <input type="checkbox"/> No Additional Fee Required
7. Name and Address of Current Registered Agent ZABRISKIE, STEVE 2909 WEST S.R. 434 SUITE 101 LONGWOOD FL 32775		8. Name and Address of New Registered Agent Name Zabriskie, Steve Street Address (P.O. Box Number is Not Acceptable) 995 N. Highway 434 Suite, Apt. #, etc. Suite 2731 City Altamonte Springs FL Zip Code 32714		
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 <u><i>Steve Zabriskie</i></u> DATE <u>3-20-97</u> <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
MGR	ZABRISKIE, STEVE	2909 WEST S.R. 434 SUITE 101 LONGWOOD FL 32775 995 N. Highway 434 Suite 2731		Altamonte Springs, FL 32714 700002127187--2 -03/28/97--01088--005 ****203.75 ****203.75 <i>[Signature]</i>
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: <u><i>Steve Zabriskie</i></u> Steve Zabriskie, Pres. 3-20-97 (407) 788-2222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>				