
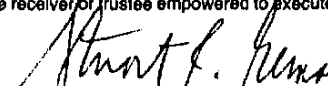



FILE NOW: Fee after May 1, will be \$588.75

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 NDRG ROSEMONT LIMITED COMPANY 4030 DIJON DRIVE ORLANDO FL 32808		DOCUMENT #L95000000205			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/09/1995 3a. State of Formation FL 4. FEI Number 59-3305541 5. Date of Last Report 06/10/1996 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> So / s Additional Fee Required	
7. Name and Address of Current Registered Agent HUMPHRIES, J. GREGORY 201 E. PINE ST. SUITE 701 ORLANDO FL 32801		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100002178261--9 Suite, Apt. #, etc. -05/14/97--01068--022 ***203.75 ***203.75 City FL Zip Code			
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 _____ (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	BERMAN, STUART R	4030 DIJON DR.		ORLANDO FL	
MGRM	UNGER, RONALD L	4030 DIJON DR.		ORLANDO FL	
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:  STUART R BERMAN 4/25/97  407-292-6468					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date Daytime Phone #					