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

ANNUAL REPORT 1997

SIGNATURE:



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 10 1997 8:00 am Secretary of State

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	FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee											
\$ 203			Make Check Payable To: FLORIDA DEPARTMENT OF STATE									
1. Name of Lim	and Mail ited Liabi	ing Address lity Company	DOCU	/ENT	Γ# <sub>L</sub> 9500	0000	210	_				
MAHONE DEVELOPMENT III, L.C.								1a. Principal P	1a. Principal Place of Business Address			
P	0.80	X 8187	EMPMT T	. 4. 4	u.C.			DIO ETE	010 ETDOM OMDRUM ON			
ROANOKE VA 24014									210 FIRST STREET SW SUITE 240			
									ROANOKE VA 24011			
									VII 2401	-4-		
		dress is incorrect in an of Business	y way, line throug			d enter cor	rection in Block 2a		inad as Outlitied	- Ci-t-	of Formation	
a. Filliopal Flace of Dusiliess				2a. Mailing Address					ized or Qualified	3a. State	of Formation	
Suite, Apt	Suite, Apt. #, etc.				Suite, Apt. #, etc.			<u> </u>		FL		
				•			4. FEI Numbe	•		Applied For		
City & Sta	City & State			City & State			59-3309546			Not Applicable		
									-	T 6 6-48-	··	
Zip		Country		Zip		Count	ry	5. Date of Last Report		I	ate of Status Desired	
								<u> </u>	96	S8 75 Addit	ha fall Fee Bequired	
	7.	Name and Addres	s of Current R	egistered	Agent			8. Name and Ad		egistered A	pent	
HITTER	NT ID	BINTS CITIC T				Name					_	
HUTSON, DENISE L SALTER, FEIBER, YENSER & MUR					7.114					<del> </del>		
703 N.E. 1ST STREET				MURPHI, P.A			Street Address (P.O. Box Number Is Not Acceptable)					
GAINESVILLE FL 32601					Suite,			etc				
					ound, ript. II, did.			0.0.	7.	着温		
					City					<del></del>		
							,		FL		1	
9. Pursua	ant to the	provisions of Section	ons 608.416 an	d 608.508	, Florida Statut	es, the a	pove-named limi	ited liability company	submits this state	ement for the	purpose of changing	
its registe	red office	or registered agent, t, and accept the ol	, or both, in the S	tate of Flo	rida. Such char	nge was a	uthorized by affir	rmative vote of a majo	rity of the member	rg, hereby a	copi i e appointment	
no registe	neu agen	i, arki accept tile ot	ungations.			-			<u> </u>	<u>≥</u> (b		
SIGNATU	IRE	/Receptored	According An	acotmont) //	NOTE: Pasimond A	and singer		Infrar)	DATE	က် ယ	<del> </del>	
10. Title	1	Managing Memb		omanent) (i	ont) (NOTE Registered Agent signature required when reinstative Business Street Address				City	State and Zip Code		
101 1110		The large state of the large sta	7010/11/LINUGOIO		-	Dusine	33 Oliout Addie		City	, State and 2	· · · · · · · · · · · · · · · · · · ·	
MCDM	DITE :	DDANIBU (							1		mus	
MGRM	rne .	BRADLEY (	COMPANY	, 2	10 FIR	ST S	TREET N	W, SUITE	ROANOKE	VΑ		
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11. Idoher	reby certil	y that the informatio	on supplied with	this filing d	oes not qualify f	for the exe	emption stated in	Section 119.07(3) (i),	Florida Statutes.	I further certi	fy that the information	
limited liab	ייו ניזוא ani ility comp	nual report is true at any or the receiver	or trustee emp	mat my s owered to	ignature shall h execute this rei	iave the s port as re	ame legal ettect quired by Chapte	ı as ıı made under oal er 608, Florida Statut	л; tnat I am a ma es; and that mv n	naging memt ame appears	per or manager of the in Block 10, or on an	
attachmen	t with an	address.	- 1	_		<del>-</del>	. ,	,				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER