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

PACKAGE B, L.C. POST OFFICE BOX 1110

BRANDON FL 33509



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

 Name and Mailing Address of Limited Liability Company

DOCUMENT #

L95000000273

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

1a. Principal Place of Business Address

1201 OAKFIELD DRIVE BRANDON FL 33511

						•			
Principal Place of Business			ng Address			3. Date Organized or Qu	ualified	3a. State of Formation	
						04/03/1995		FL	
Suite, Apt. #, etc. Suite, Apt			I. #, BIC.				4. FEI Number		Applied For
City & State City & Sta						F0 0000010		Not Applicable	
							39-330661Z		6. Certificate of Status Desired
Zip	Countr	y Zip	Counti		у	1			S8.75 Additional Fee Required
							04/24/1997		
7. Name and Address of Current Registered				Agent 8. Na Name			Name and Address of New Registered Agent/Office		
MODERNOOM MICHAEL 7 500									
MCDERMOTT, MICHAEL J ESQ. 791 WEST LUMSDEN ROAD					Street Address (P.O. Box Number is Not Acceptable))	
BRANDON FL 33511					0000024988800				
					Suite, Apt. #, etc 04/24/38 01003 013				
					04.		*		9.75 ****188.75 Zip Code
					City			FL	Zip Code
its register as registe	red office or registered a red agent, and accept t	igent, or both, in the State of Flo	, Florida Sta rida. Such cl	itutes, the ab hange was at	ove-nam uthorized	ed limited by affirmai	tive vote of a majority of the	members.	ent for the purpose of changing I hereby accept the appointment
SIGNATU	IRE(Regi	stered Agent Accepting Appointment) (I	NOTE Registere	d Agent signature	required wh	en reinslating	DATE		
10. Title	Managing Members/Managers			Busine	ss Street	Address	City, State and Zip Code		
,	<u> </u>								
MGRM	MCKNIGHT,	WILLIAM D	805	ARROWI	IEAD	LANE	BR	ANDO	1 FL
М	MCKNIGHT,	KATHRYN A	805	ARROW	HEAD	LANE	BR	ANDO	N FL
M	MCKNIGHT,	ROBERT G	805	ARROWI	HEAD	LANE	BR	ANDO	N FL
M	MCKNIGHT,	CHRISTINE E	805	ARROWI	IEAD	LANE	BR	ANDO	N FL
M	MCKNIGHT,	MICHELLE M	805	ARROWI	IEAD	LANE	BR	ANDO	N FL
М	MCKNIGHT,			ARROW	HEAD	LANE	BR	ANDO	N FL
ME	MUKNIG HT,	William F.] <i>!</i> -	•	L	٦		/ 1	. / 1
M	MCKNIGHT,	William P. KATRYN A, JA	- "	И		*		بر 	fx 4/21/98
11. Idohe	reby certify that the infor	mation supplied with this filing d	loes not qual	lify for the exe	mption st	ated in Se	ction 119.07(3) (i), Florida S	Statutes. If	urther certify that the information

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this eport as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

ENATURED NO TYPE D OR PRINTED NAME OF SWINING MANAGING MEMBER OR MANAGER

4/15/98

813-681.4279