

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

FILED

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	07 SEP 19 PM 3:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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L9500000310

FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee \$ 588.75
Make Check Payable To: FLORIDA DEPARTMENT OF STATE	

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000310**

1270 ORANGE AVENUE L.C.
 TWO RAVINIA DRIVE
 SUITE 1590
 ATLANTA GA 30346

an-AR CM

1a. Principal Place of Business Address

TWO RAVINIA DRIVE
 SUITE 1590
 ATLANTA GA 30346

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
04/20/1995	FL
4. FEI Number	
58-2176139	
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report	6. Certificate of Status Desired
04/17/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

NEAL, ALTON R
 2 CORPORATE DRIVE
 SUITE 300
 CLEARWATER FL 32622

8. Name and Address of New Registered Agent

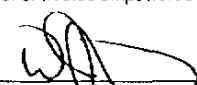
Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, etc. 700002301137--5
 -09/23/97--01073--001
 ****203.75 ****203.75
 City _____ Zip Code FL

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) (NOT Registered Agent Signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HAMILTON, W. JACKSON	TWO RAVINIA DRIVE, SUITE 1 SUITE 1590	ATLANTA GA

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  W. JACK HAMILTON 8/11/97 770-395-6895

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Capital Investments, Inc.

NASD Broker-Dealers

FILED
97 SEP 19 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 12, 1997

Division of Corporations
Attn. Annual Reports
PO Box 6327
Tallahassee, FL 32314

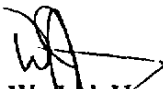
Re: 1270 Orange Avenue, LC - Limited Liability Annual Report

To Whom It May Concern,

I am enclosing the annual report for 1270 Orange Avenue, LC. Please be advised that on the top of this form it says this is the 2nd Notice of this filing request. Being the manager of 1270 Orange Avenue, LC, I am writing you to let you know that this is the first such notice I have received. Therefore, at the direction of Christie, who works in your Annual Reports Section, I am enclosing this annual report form as if it were the 1st Notice and thus paying the report fee of \$165.00.

If you have any questions concerning this matter, please feel free to phone me @ 770.395.6895.

Sincerely,


W. Jack Hamilton, III
Manager
1270 Orange Avenue, LC

SEPT. 17, 1997
→ ATTACHED IS THE CORRECTED
ANNUAL REPORT ALONG WITH
THE CORRECTED CHECK!