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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



	199			Secretary of State DIVISION OF CORPORATIONS			97 APR 23 AM 9: 10				
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT #L9500000364							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
of Lim	nited Liability C	ompany <b>-</b>	OCCIVILIN	mμ9200	0000	364	1a Principal Pla			-	
		ELOPMEN		1a. Principal Place of Business Address							
17805 U.S. HIGHWAY 192 CLEARMONT FL 34711							17805 U.S. HIGHWAY 192 CLEARMONT FL 34711				
If above	mailino address	is incorrect in any v	way, line through incor	rect information and	d enter cor	rection in Block 2a.					
2 Principal Place of Business				2a. Mailing Address			3. Date Organized or Qualified 3a. State of Formation				
SAME Suite, Apt. #, etc.				Suite, Apt. #, etc.			_D5/12/1995				
Colle, Apr. #, Occ.			Cuito,	Conto, Apr. W. Blo.			4. FEI Number Applied For				
Cily & State			City &	City & State			59-3318590 Not Applicable				
Zıp		Country	Zip		Count	гу	5. Date of Last F	Report	6. Certificate of Sta		
							06/27/199	96	SB 75 Additional Fee	loquired	
	7. Nam	e and Address	of Current Register	ed Agent		Name	8. Name and Add	ress of New Re	gistered Agent		
9. Pursu its registe as regist	ered office or re	risions of Section gistered agent, o d accept the obli	-	Florida. Such char	nge was a	uthorized by affirm	d liability company s ative vote of a majori		s. I hereby accept the		
10. Title Managing Members/Manage				Appointment) (NOTE: Registered Agent signature re			ss Street Address		City, State and Zip Code		
104 1106		Managing Members/Managers Busi			D001110	os direct rideros	# i		Cialo di la 1-p Coco	<del></del>	
ИЕМ	BRYANS	ANSTONE, INC., A MI 1065 EXECUTIVE PARK						T. LOU	IS MO		
MEM	EM PEAK FAMILY PARTNERSHI 17805 U.S. HIGHWAY						192 CLERMONT FL				
ИЕМ	<b>у.к.</b> к	EALTY,	INC.	\$260 WE	est i	RLO BRON	ISON HIG I	ISSIMM	EE FL		
							00	0002 -04/29 *****2	158731 /9701087- 03.75 ****	O——⊖ 035 -203.75	
11 ldob	arahy cartify th	at the information	supplied with this fillr	an does not qualify	for the ev	emption stated in S	ection 119 07/3\/i\/i	Florida Statutas	Half of the the	e Information	
	erecy certify tru	a. are naturnation	restation arministria int	A accessor damin	'AL PLIE GY			TOTAL SIGNATOR.	· · · · · · · · · · · · · · · · · · ·		

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. Trumber 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 recyled by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

| Continue of the information indicated in Section 119.07(3) (i), Florida Statutes. Thurber certify that the information indicated on this annual report is true and accurate and that my signatures 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 recyled by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

| Continue of the information indicated in Section 119.07(3) (i), Florida Statutes. Thurber certified in Section 119.07(3) (ii), Florida Statutes. Thurber certified in Section 119.07(

SIGNATURE: 360C

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

Daytime Phone #