

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

**APPROVED
AND
FILED**

1997 APR 24 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # 195000000404

EAGLE FLIGHT, L. C.
~~6320 ST. AUGUSTINE RD. 233 East Bay Street~~
~~SUITE 2~~
JACKSONVILLE FL 32217 32202

1a. Principal Place of Business Address

6320 ST. AUGUSTINE RD.
SUITE 2
JACKSONVILLE FL 32217

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
05/25/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3319023	
5. Date of Last Report	6. Certificate of Status Desired
02/28/1996	Sub 7 - Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

TURNER, BRETT S
6320 ST. AUGUSTINE RD.
SUITE 2
JACKSONVILLE FL 32217

8. Name and Address of New Registered Agent

Name: J. Michael Lindell
Street Address (P.O. Box Number is Not Acceptable): 233 East Bay Street
Suite, Apt. #, etc.: Suite 620
City: Jacksonville FL Zip Code: 32202

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: J. Michael Lindell DATE: 4/7/97
(Registered Agent Accepts Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	TEXAS DISPOSAL BROOKWOOD PROPERTIES,	4215 SOUTHPOINT BLVD SUITE	JACKSONVILLE FL
MEM	DENNINGTON, JOE A	8740 HAMPSHIRE GLEN DR S 233 East Bay Street	JACKSONVILLE FL 32202

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****203.75 ****203.75

*750
4/28/97*

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: Joe A. Dennington 3-26-97 512-243-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #