


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	FILED 97 MAY -7 PM 1:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000422 TRAUMHAUS, I.C. THE WILLOWS NURSERY, L.C. 5680 SABAL PALM LANE PUNTA GORDA FL 33950 <i>NIC 02-12-97</i>		1a. Principal Place of Business Address 5680 SABAL PALM LANE PUNTA GORDA FL 33950		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 06/06/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL
City & State		City & State		4. FEI Number 65-0596810
Zip	Country	Zip	Country	5. Date of Last Report 02/09/1996
		33982		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent COLLIER, CLAUDE "JIM" H 5680 SABAL PALM LANE PUNTA GORDA FL 33982			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100002178451--6 Suite, Apt. #, etc. -05/14/97--01090--005 ****203.75 ****203.75 City FL Zip Code	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MEM	COLLIER, CLAUDE "JIM"	5680 SABAL PALM LANE	PUNTA GORDA FL	
MEM	KUCERA, SYLVIA	SCHUTTELSTRASSE 19B A1020	VIENNA, AUSTRIA	
MEM	KAREN M. COLLIER	5680 SABAL PALM LANE	PUNTA GORDA, FL 33982	
MEM	TARA L. COLLIER	2844 HORNINGSIDE DRIVE	TALLAHASSEE, FL 32301	
MEM	DALE H. COLLIER	1414 LAKE HIGHLAND DRIVE	ORLANDO, FL 32853	
JB 5-13-97				
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: <u>Tara L. Collier</u> TARA L. COLLIER 3/5/97 904-681-0417				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>				
<small>Date Daytime Phone #</small>				