

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 14 PM 1:38

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 #L95000000454

LINN AND ASSOCIATES, L.C.
~~7228 3RD AVENUE, SOUTH~~
ST. PETERSBURG FL 33707

1a. Principal Place of Business Address

~~7228 3RD AVENUE, SOUTH~~
ST. PETERSBURG FL 33707

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

2. Principal Place of Business

6446 CENTRAL AVE

2a. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

06/16/1995

3a. State of Formation

FL

4. FEI Number

59-3326209

☐ Applied For

☐ Not Applicable

5. Date of Last Report

05/01/1996

6. Certificate of Status Desired

☐ Additional Fee Required ☐

7. Name and Address of Current Registered Agent

LINN, MAX P
~~7228 3RD AVENUE, SOUTH~~
ST. PETERSBURG FL 33707

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6446 CENTRAL AVE.

Suite, Apt. #, etc.

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 _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR LINN, MAX P

~~7228 3RD AVENUE, SOUTH~~

6446 CENTRAL AVE.

ST. PETERSBURG FL

33707

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******203.75 ****203.75**

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: _____

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

MAX P. LINN

4-3-97

813/381-2500

Date

Daytime Phone #