


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

**APPROVED
AND
FILED**

1997 APR 21 AM 10:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 B.D.W. VENTURES, L.C. P.O. BOX 1006 HIGH SPRINGS FL 32655		DOCUMENT # L95000000521	
2. Principal Place of Business Same <small>Suite, Apt. #, etc.</small>		2a. Mailing Address B.D.W. Ventures, L.C. P.O. Box 1740 High Springs, FL 32655 USA	
3. Date Organized or Qualified 07/10/1995		3a. State of Formation FL	
4. FEI Number 59-3352812		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/10/1996		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent WELLBORN, WALTER H 23008 N.W. 188TH STREET HIGH SPRINGS FL 32643		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100002155301-0 Suite, Apt. #, etc. 04/25/97-01074-015 ****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
MGRM	WELLBORN, WALTER H	23008 NW 188TH STREET	HIGH SPRINGS FL
MGRM	WELLBORN, HILLARY H	23008 NW 188TH STREET	HIGH SPRINGS FL
MGRM	BREWER, SAMUEL F	801 W WASHINGTON ST	LAKE CITY FL
MGRM	DAVIS, ROGER W	RT. 12 BOX 57	LAKE CITY FL
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: <i>Hillary H. Wellborn</i>		<i>HILLARY H. WELLBORN</i> 4/18/97 (904) 451-3866	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>	<small>Daytime Phone #</small>