


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996. If Dissolved, Minimum Amount Due To Reinstate: \$738.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 JAN -5 PM 1:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 263.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company LEMON BAY LODGE, L.C. 1645 B MANOR ROAD ENGLEWOOD FL 34223		DOCUMENT # L95000000565 1a. Principal Place of Business Address 1645 B MANOR ROAD ENGLEWOOD FL 34223			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 9221 Pine Cove Road Suite, Apt. #, etc. City & State Englewood, FL Zip Country 34224-8901		3. Date Organized or Qualified 3a. State of Formation 07/21/1995 FL 4. FEI Number <input type="checkbox"/> Applied For 22-3401497 <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent DUPONT, PAUL R 1645 B MANOR ROAD ENGLEWOOD FL 34223			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9221 Pine Cove Road Suite, Apt. #, etc. 500002413355--0 -01/27/98--01074--001 City Zip Code Englewood FL 34224-8901		
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 resigning)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	DUPONT, PAUL R	P.O. BOX 801 LONG POND FA		ANDOVER NJ	
MGRM	DUPONT, JULIA	P.O. BOX 801 LONG POND FA		ANDOVER NJ	
		<i>494 Lincrest Rd</i> <i>Andover, NJ 07821</i>			
		REINSTATEMENT			
				<i>96.97</i> <i>Dec</i>	

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), 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

Date

Daytime Phone #

12/20/97