File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

	100	O	6	TIP	DIVIDION	Or COIII	OHAHONO			_				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								98 MAR -4 PM 12: 23						
1. Name of Limi	and Mailing Add Ited Liability Cor	dress mpany DO	CUI	MENT	# _{L95}	500000	00605							
RALPH A. MORTON, JR., L.C. 2240 DONATO DRIVE BELLEAIR BEACH FL 34634								1a. Principal Place of Business Address 2240 DONATO DRIVE BELLEAIR BEACH FL 34634						
2. Principal Place of Business 2a.				2a. Maili	ng Address			3. Date Organized or Qualified 3a. State of Formation				ition		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				08/04/1995 FL 4. FEI Number Applied F			pplied For			
City & State				City & State				39 3330403			ot Applicable			
Zip	ip Country			Zip		Countr	у	5. Date of Last	·	6. Certificate of Status Desired \$8.75 Additional Fee Required				
T Nove and Address of Courses Davidson					Acent			1 02/07/1	o of New Perile	egistered Agent/Office				
7. Name and Address of Current Registered Agent							Name	Name and Addres	s of Man Lafts	iereo Ağ	репропісе			
9. Pursua	RWATER	SCEOLA A FL 34615 ions of Sections 60 stered agent, or bot accept the obligation	8.416 ar h, in the S	nd 608.508,	, Florida Stati	utes, the ab ange was a	Suite, Apt. #, etc	P.O. Box Nur :	FL submits this state ty of the members	Zip Coo	the purpose	of changing appointment		
SIGNATURE							a required when reinstatin	ng)	DATE					
10. Title	10. Title Managing Members/Managers				Business Street Address				City, State and Zip					
MGRM MEM	MORTON, RALPH A JR 2240 DONA MORTON, RALPH A III 2240 DONA													
MEM.	MORION	, KADPN	W 11		2240	DONA	O DRIVE	1 (1)	00024	·	٠. س			
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11. Ido 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 accurage 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 trastge 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.

TYPED OR PRINTED NAME OF EGNING MANAGING MEMBER OR MANAGER