


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

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>97 FEB -6 PM 3:46</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>FILING FEE \$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>OAKHILL GROUP, L.C. 9659 FAIRWOOD COURT PORT ST. LUCIE FL 34986</b>		<b>DOCUMENT # L95000000609</b>  1a. Principal Place of Business Address  <b>9659 FAIRWOOD COURT PORT ST. LUCIE FL 34986</b>			
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  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified <b>08/07/1995</b>  4. FEI Number <b>65-0600072</b>  5. Date of Last Report <b>06/06/1996</b>	
				3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired <b>SE - Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>NAVARETTA, STEPHEN 1100 S.W. ST. LUCIE WEST BLVD., STE. PORT ST. LUCIE FL</b>			8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. <b>800002085198--8</b> <b>-02/12/97--01070--020</b> <b>****212.50 ****212.50</b> City <b>FL</b> 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	NOBLE, ROBERT A JR.	9659 FAIRWOOD COURT		PORT ST. LUCIE FL	
MGRM	MARSHALL, JAMES G	107 COUNTRY CLUB ROAD		QUEENSBURY NY	
MEM	HIGLEY, GARY A	42 COOLIDGE AVE.		GLENS FALLS NY	
MEM	MAYNARD, DON F	23 ORCHARD DR.		QUEENSBURY NY	
MEM	SCHUPP, DONALD E	234 OVERBROOK RD.		VALENCIA PA	
MEM	CHASE MANHATTAN BANK,	P.O. BOX 183, OAK POINT		HAMMOND NY	
<b>JB2-7-97</b>					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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>R.A. Noble Jr.</u> <u>(Signature)</u> <b>1-27-97</b> <b>51-461-3338</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					