
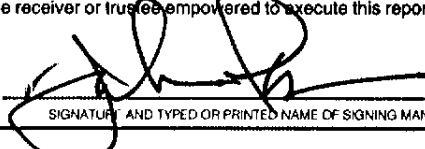


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 # L95000000643			
MIWEEK, L.C. 1100 MAIN STREET STE 205 LADY LAKE FL 32159		1a. Principal Place of Business Address 1100 MAIN STREET STE 205 LADY LAKE FL 32159			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/22/1995	
City & State		City & State		FL	
Zip		Zip		Country	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
PARKER, JOHN E 1 HICKORY HEAD HAMMOCK LADY LAKE FL 32159		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City			
		700002078947--8 -02/05/97--01079--005 ****203.75 FL			
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	COUNTS, STEVEN C	3021 NW 21ST STREET		OCALA FL	
MGRM	DEBURO, MARTIN L	715 OAK LANE		LADY LAKE FL	
MGRM	KILEY, JOHN F	980 BICHARA BLVD.		LADY LAKE FL	
MGRM	PARKER, JOHN E	1 HICKORY HEAD HAMMOCK		LADY LAKE FL	
MGRM	PARR, JAMES H SR.	5 LIVE OAKS DRIVE 25 HICKORY HEAD HAMMOCK		OXFORD FL LADY LAKE FL	
MGRM	WADE, DOUGLAS C	POST OFFICE BOX 1212		LADY LAKE FL	
MGRM	FARNER, ROBERT E.	POST OFFICE BOX 690		TAVARES FL	
MGRM	MODICA, JIM	310 ALMOND STREET		CLERMONT 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) (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: 		✓ 1-31-97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	