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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



A	NNUAL REPORT 1997	Sandra B. Secretary DIVISION OF CO	of State	97 A	PR 28 A	M11:01		
FILING \$ 203. 1. Name a of Limit	75 Make Check Payable T	0 + \$103.75 Corporation Supple 0: FLORIDA DEPARTME MENT # _{L950000}	NT OF STATE	<u>'</u>	RETARY O AHASSEE,	·		
1	CV INVESTORS, L.C. 950 BLUEWATER BLVD ICEVILLE FL 32578			1950 BLU NICEVILL	EWATER	BLVD.		
	nailing address is incorrect in any way. line thro af Place of Business	ugh Incorrect Information and enter 2a. Malling Address	correction in Block 2a.	3. Date Organize	3a. State of Formation			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	pt. #, etc.		95	FL Applied For		
City & Sta	e	City & State	/ & State		29	Not Applicable		
Zıp	Country	Zip Co	untry	5. Date of Last F	•	8. Certificate of Status Desired SB 75 Additional Fee Required		
	7. Name and Address of Current	Pegistered Agent		8. Name and Add		reletered Agent		
9. Pursua	TLILE FI. 32578 TLILE FI. 32578 Int to the provisions of Sections 608.416 and office or registered agent, or both, in the red agent, and accept the obligations. RE (Registered Agent Accepting)	and 608.508, Florida Statutes, the	1950 B Sulte, Apt. #, etc City Nicevi e above-named limite as authorized by affirm	11e of ilability company si lative vote of a majorit	vd. -05/02 **** FL ubmits this state y of the member	16337 2/37 01057 019 245.066 ****203.75 32578		
10. Title	Managing Members/Manager	/	Business Street Address			City, State and Zip Code		
MGRM MGRM MGRM	MUELLER, KURT LANG, KLAUS PRUSS, HEINZ NEU, MANFRED HAYDEN, MICHAEL	GOETHESTR		8300 9	NEUFRA WOLFENB VOEHRIN ERKRATH	GERMANY GERMANY GUETELL GERMANY GEN, GERMANY I, GERMANY		
•						O. War 197		

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 AND TYPED OR PRICED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SI	G	N	Δ.	TI	П	R	F.

Conchita Yates

4/24/97

904/897-3613

Daytime Phone #