File on or before May 1, 1998 or Limited Liability Company will be subject to a \$'400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR -6 AM 10: 02

UC.

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Malling Address
 of Limited Liability Company

DOCUMENT # L9500000743

Table Principal Place of Business Address Substance Substa										· · · · · · · · · · · · · · · · · · ·		
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City & State Country Country To Date of Last Report Expanded Form Status Dostrod September Street Address of Last Report Expanded Form Status Dostrod September Street Address of Last Report Expanded Form Status Dostrod September Street Address of New Registered Agent/Office Name FALLACE, JAMES H 1900 S. HICKORY MELBOURNE FL 32901 Sults, Apt. #, etc. 104/10/38-01093-0105 *****377.50 *****188, 75 City FL Sults, Apt. #, etc. 104/10/38-01093-0105 *****377.50 *****188, 75 City FL Tip Code FL Tip Code The purpose of changing its 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 Appendent) Managing Members/Managers Business Street Address City, State and Zip Code	Principal Place of Business				ng Address			3. Date Organized or Qualified 3a. State of Formation				
Zip Country . Zip Country . Country	Suite, Apr. #, etc.			Suite, Ap	ot. #, etc.			09/22 4. FEI Numb	/1995 er	T	or	
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name FALLACE, JAMES H 1900 S. HICKORY MELBOURNE FL 32901 Suite, Apt. #, etc. Oty Typ Code Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Oty Typ Code 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 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 (Hopstered Agent Acceptang Approximant) (NOTE Registered Agent signature required when rematating) DATE (Hopstered Agent Acceptang Approximant) (NOTE Registered Agent signature required when rematating) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code	City & Sta	ite	City & St	City & State								
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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 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 information of the limited liability company or the limited liability company or the limited liability company or the li

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

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