


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

**APPROVED  
AND  
FILED**

**1997 MAY 27 PM 12:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT # L95000000753</b>
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THE ALDO BLASIO INVESTMENT, L.C.  
5145 THYME DRIVE  
PALM BEACH GARDENS, FL 33418-3527

1a. Principal Place of Business Address  
5145 THYME DRIVE  
PALM BEACH GARDENS, FL 33418

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	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/05/1995	FLORIDA
City & State	City & State	4. FEI Number 65-0617466	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report 02/12/1996	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
PHELPS, JOAN 5145 THYME DRIVE PALM BEACH GARDENS, FL 33418-3527	Name PHELPS, CHRISTOPHER D. Street Address (P.O. Box Number is Not Acceptable) 5145 THYME DRIVE Suite, Apt. #, etc. City, State, Zip Code PALM BEACH GARDENS FL 33418-3527

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 Christopher D. Phelps DATE 4/30/97  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PHELPS, JOAN	5145 THYME DRIVE	33418 PALM BEACH GARDENS, FL
MGR	PHELPS, CHRISTOPHER D.	5145 THYME DRIVE	33418 PALM BEACH GARDENS, FL

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5/28/97

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: Christopher D. Phelps 4/30/97 1-561-694-8222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #