


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		FILED 97 MAR -5 AM 11:50 SECRETARY OF STATE TALLAHASSEE FLORIDA	
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 PRECISION RESEARCH AND DESIGN, L.C. 123B WEST SEMINOLE AVENUE BUSHNELL FL 33513		DOCUMENT # L95000000784		1a. Principal Place of Business Address 123B WEST SEMINOLE AVENUE BUSHNELL FL 33513	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business <i>SAME</i>		2a. Mailing Address Suite, Apt. #, etc. City & State Zip * Country		3. Date Organized or Qualified 10/17/1995	
				3a. State of Formation FL	
				4. FEI Number 59-3346041	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/19/1996	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> SB 75 Additional Fee Required	
7. Name and Address of Current Registered Agent SPAUDE, TOD 123B WEST SEMINOLE AVENUE BUSHNELL, FL 33513			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 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 <i>Tod Spaude</i>		<i>SAME</i>		DATE <i>1/29/97</i>	
(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	SPAUDE, TOD	123 WEST SEMINOLE AVENUE		BUSHNELL FL	
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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: <i>Tod Spaude</i>		<i>1/29/97</i>		<i>352-568-0066</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	