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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1997 DIVISION OF CORPORATIONS 1997 MAY - 1 AM 10: 33 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE SECRETARY OF STATE TALLAHASSEE. FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #L9500000817 1a. Principal Place of Business Address 144, L.C. 1274 WATERVIEW CT 274 WATERVIEW CT FT-LAUDERDALE-FL-33326 FT LAUDERDALE FL 39326 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 10/24/1995 FL 4. FEI Number Applied For City & State 65-0642300 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 03/07/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent GROSS, STEWART F 1274 WATERVIEW CT Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33326 Sulte, Apt. #, etc. City Zip Code 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, an accept the obligations. SIGNATURE gistered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code GROSS, STEWART F MGR 1274 WATERVIEW CT FT LAUDERDALE FL 600002176686--05/13/97-01068--0 057/3797--01068--005 \*\*\*\*\*203.75 \*\*\*\*203.75 11. Ido hereby certify that the information supplied with his 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 logal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver and that my name appears in Block 10, or on an

Daytime Phone #

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

INHSE10 R(12-96)

attachment with an address. SIGNATURE: