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 DIVISION OF CORPORATIONS

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

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98 APR 29 AM 8:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

 Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000848 1a. Principal Place of Business Address JEZZIE, L.C. 1080 INDUSTRIAL BLVD. 1080 INDUSTRIAL BLVD. NAPLES FL 33942 NAPLES FL 33942 2. Principal Place of Business 2a. Mailing Address Date Organized or Qualified 3a. State of Formation 11/07/1995 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0622530 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Beguired 34104 B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent GIDLOW, SCOTT Street Address (P.O. Box Number is Not Acceptable) 1080 INDUSTRIAL BLVD. 000002511220---05/05/98--01093--019 NAPLES FL 33942 Suite, Apt. #, etc. 34104 ****188.75 ****188.75 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, and accept the obligations. SIGNATURE DATE _ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code MEM GILGER, DALE 3110 LAUREL RIDGE COURT BONITA SPRINGS FL MGRM GIDLOW, SCOTT 1080 INDUSTRIAL BLVD. NAPLES FL MGRM YEN, LI-PENG 515 COTTON WOOD LANE SCHAUMBURG IL AL 'APR 3 0 1200

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 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 PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Scott Gidlow

Daytime Phone #