

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 APR 10 AM 7:48

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 **DOCUMENT #L95000000864**

PYTHAGORAS MANAGEMENT, L.C.
1900 RINGLING BLVD.
SARASOTA FL 34236

1a. Principal Place of Business Address

1900 RINGLING BLVD.
SARASOTA FL 34236

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.		11/08/1995	FL
City & State		City & State		4. FET Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		59-3369578	
				5. Date of Last Report	6. Certificate of Status Desired
				12/31/1996	<input type="checkbox"/> \$875 Additional Fee Required

7. Name and Address of Current Registered Agent

DUMBAUGH, JOHN D ESQ.
SYPRETT, MESHAD, RESNICK & LIEB
1900 RINGLING BLVD.
SARASOTA FL 34236

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL 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)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HILDENBRAND, HARALD T	1900 RINGLING BLVD.	SARASOTA FL

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***203.75 ***203.75

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: *Harald T. Hildenbrand* HARALD T. HILDENBRAND 4/8/97 (941)365-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #