


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED

30 MAY -4 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L95000000866
617 FLEMING STREET PARTNERS, L.C. ATTN: TERESA WILLIS 330 JULIA STREET KEY WEST FL 33040	

1a. Principal Place of Business Address
ATTN: TERESA WILLIS 330 JULIA STREET KEY WEST FL 33040

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/09/1995		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		65-0637830		5. Date of Last Report	
				04/23/1997		6. Certificate of Status Desired	
						<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
FOHRMAN, DARRYL 322 ELIZABETH STREET KEY WEST FL 33040		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		700002516567--4 -05/08/98-01012-001 ***188.75 ***188.75 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 _____ 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
MEM	WILLIS, TERESA	% 330 JULIA STREET	KEY WEST FL
MEM	SMITH, ERIC T	% 330 JULIA STREET	KEY WEST FL
MEM	WILLIS, WILLIAM T	% 330 JULIA STREET	KEY WEST FL
MEM	WILLIS, KAYE	% 330 JULIA STREET	KEY WEST FL
MEM	HUGHES, J. MARSHALL	% 330 JULIA STREET	KEY WEST FL
MEM	HUGHES, JUDI	% 330 JULIA STREET	KEY WEST FL

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: *TERESA WILLIS* TERESA WILLIS, MANAGER 4/30/98 305-2966439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #