
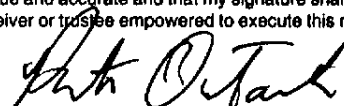


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 JAN 30 AM 7:35  SECRETARY OF STATE TALLAHASSEE FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company  <b>RANGELEY COMPANY, L.C.</b> 1342 TIMBERLANE ROAD SUITE 201-D TALLAHASSEE FL 32312				<b>DOCUMENT #L95000000878</b>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				1a. Principal Place of Business Address  1342 TIMBERLANE ROAD SUITE 201-D TALLAHASSEE FL 32312			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified 11/15/1995		3a. State of Formation FL	
				4. FEI Number 59-3344118		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/29/1996		6. Certificate of Status Desired <input checked="" type="checkbox"/> Sh 7 - Additional Fee Required	
7. Name and Address of Current Registered Agent  JOHNSON, ETHAN W C/O MORGAN, LEWIS & BOCKIUS LLP 200 S. BISCAYNE BLVD., SUITE 3300 MIAMI FL 33131				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			
<small>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.</small>							
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>							
10. Title	Managing Members/Managers		Business Street Address		City, State and Zip Code		
MGR	PITTS, HERMAN C		STONYWOOD FARM, 127 MEADOW		TALLAHASSEE FL		
MGR	TORVIK, PETER O		2217 DEMERON ROAD		TALLAHASSEE FL		
800002074298--9 -01/31/97--01001--010 ****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:  1/23/97 (904) 668 7123 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #</small>							