


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		FILED 08 APR 1998 PM 4:09 SEC. OF STATE	
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 # L95000000880		1a. Principal Place of Business Address	
MERICLE FAMILY ENTERPRISES, L.C. P.O. BOX 998736 MIAMI FL 33299-8736				P.O. BOX 998736 MIAMI FL 33299	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
3917 MULLENHURST DR		3917 MULLENHURST DR		11/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
Palm Harbor, Florida		Palm Harbor, FL 34685		FL	
City & State		City & State		4. FEI Number	
Palm Harbor, Florida		Palm Harbor, FL 34685		59-3475649	
Zip		Zip		<input type="checkbox"/> Applied For	
34685		34685		<input type="checkbox"/> Not Applicable	
Country		Country		5. Date of Last Report	
USA		USA		04/21/1997	
7. Name and Address of Current Registered Agent		6. Certificate of Status Desired			
KLEINFELD & SPIVACK, P.A. 1 SE 3RD ST SUITE 1940 MIAMI FL 33131		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
		8. Name and Address of New Registered Agent/Office			
		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 400002482204 - - City -04/08/98--01023--011 ****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	
MGRM	MERICLE, GREGORY R	1261 BAY HARBOR DR., 6-101 3917 MULLENHURST DR		PALM HARBOR FL PALM HARBOR FL	
				OK 4-4	
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: <u>Gregory R. Mericle</u>		GREGORY R. MERICLE		3/29/98 (913) 959-1708	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Date Daytime Phone #	