2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company

DOCUMENT #L9500000894

RS DUSTY, L.C. 15051 PARKSIDE DRIVE, S.W. UNIT NO. 7 FT. MYERS FL 33908

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business 12220 TOWNE 2a. Mailing Address 12220 Sulte, Apt. #, etc. Suite, Apt. #, etc.

City & State **FDQT** DS.A

City & State

Country

97 OCT 23 AM 10: 27

SECRETARY OF STATE FALLAHASSEE, FLORIDA

| la. | Principal 4 6 1 | Place | of | Business | Address |
|-----|-----------------|-------|----|----------|---------|
|-----|-----------------|-------|----|----------|---------|

5051 PARKSIDE DRIVE, S.W. UNIT NO. 7

FT. MYERS FL 33908

3. Date Organized or Qualified | 3a. State of Formation

11/17/1995 FL

Applied For

NOT APPLICABLE 5. Date of Last Report

Not Applicable 6. Certificate of Status Desired

11/20/1996 8. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

CAMPISANO, ANTHONY W 1800 SECOND STREET SUITE 753

SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

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.

10. Title

MGR

(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reinstalling) Managing Members/Managers

7. Name and Address of Current Registered Agent

Business Street Address

City, State and Zip Code

PATEL, RAJNIKANT MGRM

FLACK, SANDRA

5051 PARKSIDE DR., S.W.,

FT. MYERS FL

5051 PARKSIDE DR., S.W.,

FT. MYERS FL

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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. Hurther certify that the information indicated on this annual report is true and accurate and that my consture 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 a true in a managing member or manager of the limited liability company or the receiver a true in a managing member or manager of the limited liability company or the receiver a true in a managing member or manager of the attachment with an address.

SIGNATURE: