


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

APPROVED
AND
FILED

97 OCT 23 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000894			
RS DUSTY, L.C. 15051 PARKSIDE DRIVE, S.W. UNIT NO. 7 FT. MYERS FL 33908		1a. Principal Place of Business Address 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		2a. Mailing Address		3. Date Organized or Qualified	
12220 TOWNE LAKE DRIVE Suite, Apt. #, etc. 10		Suite, Apt. #, etc. N/A		11/17/1995	
City & State FORT MYERS FL		City & State N/A		4. FEI Number 65-0716496	
Zip 33918		Country U.S.A		5. Date of Last Report 11/20/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
CAMPISANO, ANTHONY W 1800 SECOND STREET SUITE 753 SARASOTA FL 34236		Name -N-A-			
		Street Address (P.O. Box Number is Not Acceptable) -N-A-			
		Suite, Apt. #, etc. -N-A-			
		City -N-A FL			
		Zip Code -N-A			
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		-N-A-		DATE	
				-N-A-	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title		Managing Members/Managers		Business Street Address	
MGRM		PATEL, RAJNIKANT		15051 PARKSIDE DR., S.W., FT. MYERS FL	
MGR		FLACK, SANDRA		15051 PARKSIDE DR., S.W., FT. MYERS FL	
				200002333262--8 -10/29/97--01124--009 ****203.75 ****203.75	
				A. Alan 10/23/97	

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: *[Signature]* (RAJNIKANT PATEL) 8/15/97 561-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #