


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

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	<b>FILED</b>  <b>97 JUN -2 AM 7:33</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>
<b>FILING FEE</b> <b>\$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>TJ VENTURES, I.C. 2153 GAIL AVE JACKSONVILLE BEACH FL 32250</b>		<b>DOCUMENT #</b> L95000000920	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>		<b>1a. Principal Place of Business Address</b>  <b>PAK MAIL 626 MARSH LANDING PARKWAY JACKSONVILLE BEACH FL 32250</b>	
<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>3. Date Organized or Qualified</b>	<b>3a. State of Formation</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/28/1995	FL
City & State	City & State	<b>4. FEI Number</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3348354	
		<b>5. Date of Last Report</b>	<b>6. Certificate of Status Desired</b>
		04/18/1996	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
<b>7. Name and Address of Current Registered Agent</b>		<b>8. Name and Address of New Registered Agent</b>	
<b>ANDERSON, TRACINE 2153 GAIL AVENUE JACKSONVILLE BEACH FL 32250</b>		<b>Name</b> <i>Anderson, Tracine</i>	
		<b>Street Address (P.O. Box Number is Not Acceptable)</b> <i>2610 MAPLE ST.</i>	
		<b>Suite, Apt. #, etc.</b>	
		<b>City</b> <i>Jacksonville Beach</i> <b>FL</b> <b>Zip Code</b> <i>32250</i>	
<b>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.</b>			
<b>SIGNATURE</b> _____		<b>DATE</b> _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGR	ANDERSON, TRACINE	2153 GAIL AVENUE	JACKSONVILLE BEACH FL
<b>7000002203307-3</b> <b>06/05/97-01107-011</b> <b>***588.75 ***588.75</b>  <i>6-3-97</i>			
<b>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.</b>			
<b>SIGNATURE:</b> <i>Tracine Anderson</i>		<i>5/29/97 904 273 7405</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>	<small>Daytime Phone #</small>