


2nd NOTICE:

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

FILED

97 AUG 28 PM 4:13

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 # L95000000922			
NEW RIVER RANCH, L.C. P.O. BOX 30206 RIVER RANCH FL 33867		1a. Principal Place of Business Address 24700 STATE ROUTE 60 RIVER RANCH FL 33867			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 3200 River Ranch Rd Suite, Apt. #, etc.		2a. Mailing Address P.O. Box 30030 Suite, Apt. #, etc.		3. Date Organized or Qualified 11/28/1995	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 59-3352833	
				5. Date of Last Report 03/25/1996	
7. Name and Address of Current Registered Agent MARGOLIS, ROBERT A 359 POSSUM PATH RIVER RANCH FL 33867		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500002281665---1 Suite, Apt. #, etc. -08/29/97--01115--001 ***\$88.75 ***\$88.75 City FL 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.					
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	LYKINS, DONALD F	583 WATERWAY DRIVE		RIVER RANCH FL 33867	
MGRM MGR	MARGOLIS, ROBERT A	359 POSSUM PATH E		RIVER RANCH FL 33867	
MGRM	MORRIS, ROBERT G	SHADOW BROOK DRIVE		PUNKHAMMOCK PA	
MGRM	DENNIS, HOWARD	256 SADDLE LANE		RIVER RANCH FL 33867	
MGRM	PICKELSMER, CHARLES	383 GATOR ALLEY		RIVER RANCH FL 33867	

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:

Robert Margolis
Robert Margolis

8-25-97

941-692-1321

SL 8-28-97