

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

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 MAY 22 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**\$ 203.75** Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000953**

PESCO PLUS, I.C.  
POST OFFICE BOX 1600  
TALLAHASSEE FL 32302

1a. Principal Place of Business Address

1220 E. PARK AVENUE  
TALLAHASSEE FL 32301

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

2. Principal Place of Business

1220 E. Park Ave.

Suite, Apt. #, etc.

2a. Mailing Address

P.O. Box 1600

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

Country

32301-2678

Zip

Country

82302

3. Date Organized or Qualified

12/08/1995

3a. State of Formation

FL

4. FEI Number

59-3348570

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/25/1996

6. Certificate of Status Desired

Subsidiary of a Foreign Corporation ☐

7. Name and Address of Current Registered Agent

PUBLIC EMPLOYEES SERVICES COMPANY, IN  
118 NO. MONROE STREET  
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent

Name

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

600002195046--8

Suite, Apt. #, etc.

05/29/97--01084--001

\*\*\*\$588.75 \*\*\*\$588.75

City

Zip Code

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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

*James W. Geiger*

DATE

5/15/97

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TORNILLO, PAT L JR.	118 NO. MONROE STREET	TALLAHASSEE FL
MGRM	GEIGER, JAMES W	118 NO. MONROE STREET	TALLAHASSEE FL
MGRM	LEE, ROBERT F	118 NO. MONROE STREET	TALLAHASSEE FL
MGRM	PRASLICK, GAIL F	ONE MADISON AVENUE	NEW YORK NY
MGRM	MANDEL, RICHARD G	ONE MADISON AVENUE	NEW YORK NY
MGRM	SCHUITLIN, ALEXANDER G	ONE MADISON AVENUE	NEW YORK NY

JD5-27-97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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:

*James W. Geiger James W. Geiger*

5/15/97

Date

Daytime Phone #