


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**RECEIVED MAR - 5 1997**

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**97 MAR 28 PM 4:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT #L95000001004**  
  
**PLANTNET SOFTWARE, L.C.**  
~~2429 U.S. ALTERNATIVE HIGHWAY 19 NORTH~~  
~~PALM HARBOR FL 34698~~

1a. Principal Place of Business Address  
  
~~2429 U.S. ALTERNATIVE HIGHWAY~~  
~~PALM HARBOR FL 34698~~

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

2. Principal Place of Business 901 - 4th Street N.W. Suite, Apt. #, etc. City & State Ruskin, Florida Zip 33570 Country U.S.A.	2a. Mailing Address 901 - 4th Street N.W. Suite, Apt. #, etc. City & State Ruskin, Florida Zip 33570 Country U.S.A.
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3. Date Organized or Qualified 12/28/1995	3a. State of Formation FL
4. FEI Number 59-3357186	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 05/21/1996	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
PYLE, TERRENCE F ESQ.  
707 DEL WEBB BOULEVARD  
SUN CITY CENTER FL 33573

8. Name and Address of New Registered Agent  
  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
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	PLANTS OF RUSKIN, INC. %	R.E. BARRETT, 901 - 4TH	RUSKIN FL
MGRM	LB3 CORPORATION, %	STEPHEN L. BENNETT, 1440	PALM HARBOR FL

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\*\*\*\*203.75 \*\*\*\*203.75

*[Signature]*

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]* Richard E. Barrett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date 5-17-97 (813) 645-2528  
Daytime Phone #