


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

APPROVED
AND
FILED

97 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000009

LEEJA HOLDING COMPANY, L.C.
~~POST OFFICE BOX 18229~~
~~PANAMA CITY FL 32407~~

1a. Principal Place of Business Address

10570 FRONT BEACH ROAD
 PANAMA CITY BEACH FL 32407

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
N/A	P.O. Box 1033
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
	Callman, FL
Zip	Zip
3505	35056
Country	Country
	U.S.

3. Date Organized or Qualified	3a. State of Formation
01/04/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
63-1164806	
5. Date of Last Report	6. Certificate of Status Desired
	SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

HESS, BRIAN D
 9108 FRONT BEACH ROAD
 PANAMA CITY BEACH FL 32407

8. Name and Address of New Registered Agent

Name

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

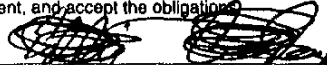

Suite, Apt. #, etc.

City

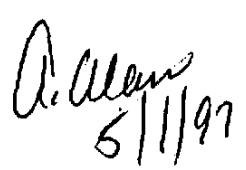
FL

Zip Code

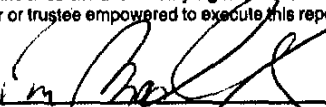
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligation.

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	BRADLEY, JIM	POST OFFICE BOX 18229	PANAMA CITY BEACH FL
			600002173546--3 -05/09/97--01113--011 ****203.75 ****203.75
			 5/1/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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:  JIM BRADLEY 4-23-97 904-235-7800

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