


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

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AND
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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 # L96000000017**

Florence Management LC
1840 Red Bank Rd
North Palm Beach, FL 33408

1a. Principal Place of Business Address

Florence Management LC
1840 Red Bank Rd
N. Palm Beach, FL 33408

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

2. Principal Place of Business <i>12184 Riverbend Rd</i> Suite, Apt. #, etc.	2a. Mailing Address <i>485 Huntington Rd</i> Suite, Apt. #, etc. <i>190</i> City & State <i>Port St. Lucie, FL</i> Zip <i>34984</i> Country <i>St. Lucie</i>	3. Date Organized or Qualified <i>Jan. 2, 1996</i>	3a. State of Formation <i>Florida</i>
		4. FEI Number <i>65-0633832</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent <i>William L. Florence III</i> <i>1840 Red Bank Rd</i> <i>North Palm Beach, FL. 33408</i>	8. Name and Address of New Registered Agent Name <i>William L. Florence III</i> Street Address (P.O. Box Number is Not Acceptable) <i>12184 Riverbend Rd</i> Suite, Apt. #, etc. City <i>Port St. Lucie</i> FL Zip Code <i>34984</i>
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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 *William L. Florence III* DATE *3-31-97*
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	<i>William L. Florence III</i>	<i>1840 Red Bank Rd</i>	<i>North Palm Beach FL 33408</i>
MEM	<i>William L. Florence III</i>	<i>12184 Riverbend Rd</i>	<i>Port St. Lucie FL 34984</i>
MEM	<i>Margaret B. Florence</i>	<i>1840 Red Bank Rd</i>	<i>North Palm Beach FL 33408</i>
MEM	<i>Margaret B. Florence</i>	<i>12184 Riverbend Rd</i>	<i>Port St. Lucie FL 34984</i>

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****203.75 ****203.75
D. Allen
4/2/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (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: *William L. Florence III* 3-31-97