


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 31 PM 4:09 SECRETARY OF STATE DA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000017		1a. Principal Place of Business Address	
FLORENCE MANAGEMENT LC 12184 RIVERBEND RD. PORT ST. LUCIE FL 34984				12184 RIVERBEND RD. PORT ST. LUCIE FL 34984	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
12184 Riverbend Rd.		485 Huntington Rd		01/02/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
		Ste. #190		FL	
City & State		City & State		4. FEI Number	
Port St. Lucie FL		Athens GA		65-0633832	
Zip		Zip		5. Date of Last Report	
34984		30606		04/02/1997	
Country		Country		6. Certificate of Status Desired	
St. Lucie		Clarke		\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
FLORENCE, WILLIAM L III 12184 RIVERBEND RD. PORT ST. LUCIE FL 34984				Name Street Address (P.O. Box Number is Not Acceptable) 500002483146--7 Suite, Apt. #, etc. -04/08/98--01101--022 ****188.75 ****188.75 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 <u>William L Florence III</u> DATE <u>3-27-98</u> (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	FLORENCE, WILLIAM L II	12184 RIVERBEND RD.		PORT ST. LUCIE FL	
MEM	FLORENCE, MARGARET B	12184 RIVERBEND RD.		PORT ST. LUCIE FL	
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: <u>William L Florence III</u>		3-27-98		(706) 543-5334	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	