


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	
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 RAINBOW RUN, L.L.C. 224 SHOPPING AVENUE, BOX 200 SARASOTA FL 34237		DOCUMENT #L96000000024	
1a. Principal Place of Business Address 224 SHOPPING AVENUE, BOX 200 SARASOTA FL 34237		3. Date Organized or Qualified 01/03/1996	
2. Principal Place of Business 2875 Ashton Rd Box 19452 Sarasota FL 34276		3a. State of Formation FL	
2a. Mailing Address 2875 Ashton Rd Box 19452 Sarasota FL 34276		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent SCHABOTZ, ALAN 3533 ROXANE BLVD. SARASOTA FL 34235		5. Date of Last Report FL	
6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required	
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
MGR	MURPHY, BRUCE	3533 ROXANE BLVD	SARASOTA FL
			100002143461--7 -04/15/97--01046--014 ****212.50 ****212.50
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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>Bruce Murphy</u>		Date <u>April 10, 1997</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Daytime Phone #	