

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JUN -8 PM 4: 24

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** L96000000042

FLORIDA INCOME PROPERTIES I, L.C.  
416 EAST STATE STREET  
ROCKFORD IL 61104

1a. Principal Place of Business Address

416 EAST STATE STREET  
ROCKFORD IL 61104

2. Principal Place of Business  
3815 N. Mulford

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockford, IL

City & State

Zip

61114

Country

USA

Zip

Country

3. Date Organized or Qualified

01/09/1996

3a. State of Formation

FL

4. FEI Number

36-4068334

☐ Applied For

☐ Not Applicable

5. Date of Last Report

04/25/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

HARDING, JANET  
8111 BAY COLONY, #1201  
NAPLES FL 33963

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 \_\_\_\_\_

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BEEKMAN, BRENT T	1215 TUNEBERG PARKWAY	BELVIDERE IL

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-06/12/98--01006--008  
\*\*\*\*188.75 \*\*\*\*188.75

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: Brent Beekman Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #