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

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FILING		Annual Report \$	97 MAY -6 AM 10: 05									
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000045							SECRETARY OF STATE					
Shannon Lakes-Kissimmee & P, L.C. 7575 Dr. Phillips Blvd. Suite 230 Orlando, FL 32819							7575 Dr. Phillips Blvd. Suite 230 Orlando, FL 32819					
2. Principa	al Place of Bus	incorrect in any way, lin iness		information and enter correction in Block 2a. ng Address			3. Date Organiz		3a. State of F	ormatic	on	
							1/30/9	6				
Suite, Apt. #, etc. Suit), Apt. #, etc.			4. FEI Number			Appl	lied For	
City & State City &				ite			95-4560672			Not	Applicable	
Zıp	Country Zip		Zip	Counti		гу	5. Date of Last Report		Certificate of Status Desired State Additional Fee Required			
7. Name and Address of Current Registered Agent						Name	Name and Address of New Registered Agent					
James Griffin 7575 Dr. Phillips Blvd., Suite 230 Orlando, FL 32819						Street Address (F Sulte, Apt. #, etc. City	Address (P.O. Box Number is Not Acceptable) Apt. #, etc. Zip Code					
its registere	ed office or regi	ions of Sections 608. stered agent, or both, accept the obligation	in the State of Flori	Florida Statutes ida. Such chang	s, the at e was a	bove-named limited uthorized by affirma	liability company s tive vote of a majori	ubmits this state ty of the member	ment for the pur s. I hereby accer	pose of It the ap	f changing pointment	
SIGNATUR	RE	Registered Agent Acce	pting Appointment) (N	OTE Registered Ager	nt signatur	e required when reinstating	(DATE	····			
10. Title	Managing Members/Managers			Business Street Address			City		r, State and Zip Code			
MGR	Hearth	nstone Advis	sors, Inc.	16830	Vent	cura Blvd,		10021	7849	36-	 6	
								*****20:	970109 3.75 **	**20	13.75	

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), Fiorida 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, Fiorida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE	-
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See Signature Block Attached

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

1997 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Shannon Lakes-Kissimmee, GP L.C., a Florida limited liability company

By: Hearthstone Advisors, Inc.

a California Corporation

Manager

By:

Mark Porath

Senior Vice President Finance

4/29/97

Phone (818)

785 -0005