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

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9600000048						FILED 1997 NAY -9 AH 9: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
I. & D. VENTURES, I. C. 171—COMMERCIAL BLVD). 4420 MERCAN-ILE AVE NAPLES FL 33942 3410 4 It above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.						1a. Principal Place of Business Address 11-COMMERCIAL BLVD. 4426 NAPLES FL 33942 messable 34/04 ane			
2 Principal Place 4420 Suite, Apt. #, etc.	ing Address	MD		3. Date Organized or Qualified 01/11/1996 4. FEI Number		3a. State of Formation F.L. Applied For			
Zip	NAPLES, FL			Country			5. Date of Last Report		Not Applicable icate of Status Desired
	Agent			8. Name and Address of New Registe			Agent		
ELI,Y, P12640 COLINAPLES In I	HARLES M JR. RICE, ET AL. DEN GATE PKWY, S L 33912. The provisions of Sections 608.416 as the or registered agent, or both, in the lent, and accept the obligations.	and 608.508	s. Florida Statute	s, the at	Suite, Apt. #, etc	d liability company	FL submits this state rity of the membe	Zip Cod 3 ement for t	H105 he purpose of changing accept the appointment
SIGNATURE	NOTE Registered Age	OTE Registered Agent signature required when reinstatin			DATE				
10. Title				Business Street Address			City, State and Zip Code		
			44 20 MERCANTILE 71 COMMERCIAL BIND 1 321 WASHINGTON			•			
•									WAR PT

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 life bility 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:

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

4-25-97

941-261-266

APPROVED

Daytime Phone ∉