


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

**APPROVED  
AND  
FILED**

**1997 APR 16 AM 9:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 203.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>HALBERT AND ASSOCIATES, L.C. 493 YOUNG STREET MELBOURNE FL 32935</b>		<b>DOCUMENT # 196000000083</b>	
1a. Principal Place of Business Address  <b>493 YOUNG STREET MELBOURNE FL 32935</b>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business <b>SAME</b>		2a. Mailing Address <b>Same as Above</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified <b>01/22/1996</b>		3a. State of Formation <b>FL</b>	
4. FEI Number <b>59-3365075</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>MITCHELL, BRUCE A 493 YOUNG STREET MELBOURNE FL 32935</b>		8. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3000002148309--5</b> Suite, Apt. #, etc. <b>-04/18/97--01115--008</b> <b>****203.75 ****203.75</b> City <b>FL</b> 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 _____		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
MGRM	HALBERT, S. RAY	493 YOUNG STREET	MELBOURNE FL
MGRM	HALBERT, DAVID RAY	680 HYDE PARK LANE	MELBOURNE 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: <b>S. RAY HALBERT</b>		<b>Ray Halbert mgr. 4/10/97</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	