


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
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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company ANSPACH REALTY, L.C. 725 E. OSCEOLA BOULEVARD STUART FL 34994	DOCUMENT # L96000000107
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1a. Principal Place of Business Address 725 E. OSCEOLA BOULEVARD STUART FL 34994
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2. Principal Place of Business <i>302</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Stuart FL</i>	City & State
Zip <i>34994</i>	Country <i>Martin</i>

3. Date Organized or Qualified <i>01/24/1996</i>	3a. State of Formation FL
4. FEI Number <i>65-0311858</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required

7. Name and Address of Current Registered Agent NOWICKI, MARK J 14155 U.S. HIGHWAY ONE #302 JUNO BEACH FL 33408

8. Name and Address of New Registered Agent 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 _____ 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
MEM	ANSPACH, WILLIAM W.D.	725 E. OSCEOLA BOULEVARD	STUART FL

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****203.75 ****203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: <i>Nancy Jones</i> SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER OR MANAGER Date Daytime Phone #
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