


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 JAN 28 PM 12:41  SECRETARY OF STATE TALLAHASSEE FLORIDA									
<b>FILING FEE</b> \$ 203.75		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>APPMO, L.C. 851 EAST PARK AVENUE TALLAHASSEE FL 32301</b>				<b>DOCUMENT # L96000000108</b>											
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country				1a. Principal Place of Business Address  <b>851 EAST PARK AVENUE TALLAHASSEE FL 32301</b>											
2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country				3. Date Organized or Qualified  <b>01/24/1996</b>		3a. State of Formation  <b>FL</b>									
4. FEI Number  <b>59-3369536</b>				5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable									
7. Name and Address of Current Registered Agent  <b>NOVEY, JEROME M 851 EAST PARK AVENUE TALLAHASSEE FL 32301</b>				8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City      Zip Code  <b>FL</b>											
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)</small>															
10. Title      Managing Members/Managers      Business Street Address      City, State and Zip Code															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">MGR</td><td style="width: 30%;">NOVEY, JEROME M</td><td style="width: 40%;">851 EAST PARK AVENUE</td><td style="width: 20%;">TALLAHASSEE FL</td></tr><tr><td>MGR</td><td>PRINE, NICHOLAS E</td><td>ROUTE 3, BOX 127-C</td><td>MONTICELLO FL</td></tr></table>								MGR	NOVEY, JEROME M	851 EAST PARK AVENUE	TALLAHASSEE FL	MGR	PRINE, NICHOLAS E	ROUTE 3, BOX 127-C	MONTICELLO FL
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MGR	PRINE, NICHOLAS E	ROUTE 3, BOX 127-C	MONTICELLO 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: <u><i>Jerome M. Novey</i></u> 1/22/97      904/224-2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #</small>															

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