

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

**APPROVED
AND
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1997 APR 11 PM 3:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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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	DOCUMENT # L96000000142
F.C.A., L.C. ONE BEACH DR., S.E. ST. PETERSBURG FL 33701	

1a. Principal Place of Business Address
ONE BEACH DR., S.E. ST. PETERSBURG FL 33701

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
02/02/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3372217	
5. Date of Last Report	6. Certificate of Status Desired
	<input type="checkbox"/> See 7. Additional Fee Required

7. Name and Address of Current Registered Agent
MCCALL, DEBORAH P KEATON & RUTLAND, P.A. ONE BEACH DR., S.E., SUITE 200 ST. PETERSBURG FL 33701

8. Name and Address of New Registered Agent
Name: Karen S. Keaton
Street Address (P.O. Box Number is Not Acceptable)
One Beach Dr. SE #200
Suite, Apt. #, etc.
City: St. Petersburg FL Zip Code: 33701

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: *Karen S. Keaton* DATE: 4/8/97
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TEODOSIO, FRANK	550 YALE AVE., SUITE 3 550 Bishop Dr.	WALLINGFORD CT ORANGE CT. 06477
MGR	TEODOSIO, CAROL ANN	550 YALE AVE., SUITE 3 550 Bishop Dr.	WALLINGFORD CT ORANGE CT. 06477

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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: *Frank Teodosio* 4-8-97 813822220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER. Date Daytime Phone