

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

APPROVED  
AND  
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97 APR -4 PM 1:27

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
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<b>FILING FEE</b> \$ 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 <b>T. &amp; K. BROWN, L.C. 11720 SHELDON ROAD TAMPA FL 33625</b>	<b>DOCUMENT # L96000000146</b>
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1a. Principal Place of Business Address <b>11720 SHELDON ROAD TAMPA FL 33625</b>
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2. Principal Place of Business		2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	01/31/1996	FL
Zip	Country	Zip	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
			59-3364553	
			5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent <b>BROWN, TOM F SR 11720 SHELDON ROAD TAMPA FL 33625</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 \_\_\_\_\_  
(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	BROWN, TOM F SR	11720 SHELDON ROAD	TAMPA FL
MGRM	BROWN, KATHERINE C	11720 SHELDON ROAD	TAMPA FL

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-04/09/97--01002--026  
\*\*\*\*\*203.75 \*\*\*\*\*203.75

*A. Alan*  
4/4/97

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:** *[Signature]* / 1/23/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #