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



. 1997		THE STATE OF THE S	DIVISION OF CORPORATIONS
FILING FEE \$ 203.75	Make Check	Payable To: FLC	.75 Corporation Supplemental Fee DRIDA DEPARTMENT OF STATE
Name and Mal of Limited Liab	lling Address ility Company	DOCUMEN	T # <sub>L9600000182</sub>
99 R <i>I</i>	S. TERMIN		ED COMPANY

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- AI	NNUAL R	_			-	Secretary of	State			רם	MAR 31	PM 3: 1	ևճ	.
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ILING F	FEE	Annual Re	port \$100.00 +	\$103.76	Corpora	tion Suppleme	ntal Fe	) 	]	SE	CRETARY	OF STA	JE.	
\$ 203.7			ayable To:						4	TĂĬ	CRETARY LAHASSE	e, flor	IDA	
	nd Malling Ad ed Liability Co	mpany	OCUM	ENT	# <sub>L9</sub>	6000000	182				+ <u>1</u>			
_									1a. P	rincipal Plac	e of Business	Address	14444	
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	JITE 3		OND, IN	*						E 300		ad, n	173	
			ACH FL	3254	47		:				ON BEA	CH FL	. 325	547
If above m	ailing address is	incorrect in any	way, line throug	ncorrect	Informa	tion and enter co	rrection is	Block 2a.	<u> </u>					:
	al Place of Bus			2s. Malli	ng Addr	968			3. Da	te Organize	d or Qualified	3a. State	e of Forn	nation
				Con to				······	b2/1	6/199	96 "	FL		
Suite, Apt.	#, etc.		ŀ	Suite, Ap	, Apt. #, etc.			A. FE	Number			To	Applied For	
City & Stat	e			City & State				5	9-328	3123	Not Applicat			
										6. Date of Last Report		1 6. Certifical		Status Desired
Zip		Country		Zip		Coun	try				#	1 1 1 1 1 1 1 1	6	(16 porti
				. 1 . 6	4						ress of New R	onintered (	Acent	
	7. Name	and Address	of Current Re	gistereo	Agent		Nam	0	O. MINIT	WIND AUG	Wee of him n	afficial and s	Adelit	
ARRE	LT, MAI	RK R									Aleman .			
		K ROAD,	NW				Stre	el Address (	P.O. Box	K Number k	s Not Accepta	ble)		
SUITE 300					5.4			<del>- 4</del>						
ORT V	NALTON	BEACH	FL 325	47			Sun	e, Apt. #, etc	3.					
							City					Zip Code	e	
							City				FL	_	•	
9. Pursua	nt to the provi	sions of Section	ns 608.416 an	608.508	, Florida	Statutes, the	above n	amed limite	d liability	company s	ubmits this stat	lement for ti	ne purpo	se of changing
its register	ed office or re(	gistered agent, i accept the ob	or both, in the S	tate of Flo	rida. Su	ch change was	authoria	ed by affirm	ative vote	e of a majorit	ly of the membe	ors. I hereby	accept tr	he appointment
-	-	•									DATE	•		
SIGNATU	RE	(Registered /	Agent Accepting App	ointment) (i	NOTE Reg	islered Agent signat	ne tednic	d when reinstati	ng)		DATE			
10. Title	Ma	anaging Memb	ers/Managers			Busir	ness Str	eet Address	3	City, State and Zip Code				
		STEEL	,										•	
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11. Idohe	reby certify the	at the informatio	on supplied with	this filing:	on aeob	qualify for the i	: exemptk	on stated in S	Section 1	19.07(3)(i),	Florida Statute:	s. Hunhero	ertify that	t the Information
indicated o	on this annual	report is true a	nd accurate an	d that my	signatui	re shall have th	e same recuire	legal effect of the charge	ss if mad r 608. Fir	e under oati xide Statute	h; thal I am a m is: and that my	anaging me acce acce	amber or sars in Bir	manager of the ock 10, or on an
attachmer	omity company nt with an add	ress.	Si guajas sily		a accur	IN M	ark	R. Ba	けられ	Tres	dent	mile sala		

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER