
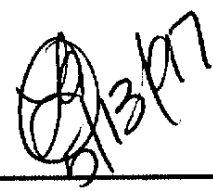
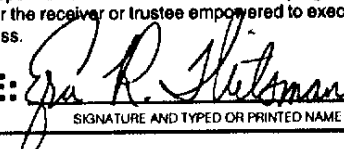


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -6 AM 9:21 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											
1. Name and Mailing Address of Limited Liability Company PERRY CREATIONS, L.C. 138 EAST CENTRAL AVENUE HOWEY-IN-THE-HILLS FL 34737		DOCUMENT #L96000000212 1a. Principal Place of Business Address 138 EAST CENTRAL AVENUE HOWEY-IN-THE-HILLS FL 34737											
2. Principal Place of Business 127 W. FIFTH AVE. <small>Suite, Apt. #, etc.</small> MT. DORA, FL <small>City & State</small> 32757 U.S.A. <small>Zip Country</small>		2a. Mailing Address SAME <small>Suite, Apt. #, etc.</small> <small>City & State</small> <small>Zip Country</small>		3. Date Organized or Qualified 02/21/1996 3a. State of Formation FL 4. FEI Number 59-3361066 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report N/A 6. Certificate of Status Desired <input checked="" type="checkbox"/> <small>See Additional Fee Required</small>									
7. Name and Address of Current Registered Agent WITSMAN, EZRA R 138 EAST CENTRAL AVENUE HOWEY-IN-THE-HILLS FL 34737		8. Name and Address of New Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Name</td><td style="width: 50%;"></td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable)</td><td></td></tr><tr><td>Suite, Apt. #, etc.</td><td>300002178483--7</td></tr><tr><td>City</td><td>FL</td></tr></table>				Name		Street Address (P.O. Box Number is Not Acceptable)		Suite, Apt. #, etc.	300002178483--7	City	FL
Name													
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Suite, Apt. #, etc.	300002178483--7												
City	FL												
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 reinstating)</small>													
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code										
MGRM	PERRY, ERIC W	127 WEST 5TH AVENUE	MOUNT DORA FL										
MGRM	WITSMAN, EZRA R	138 EAST CENTRAL AVENUE	HOWEY-IN-THE-HILLS FL										
MGRM	WITSMAN, CHARLES A	138 EAST CENTRAL AVENUE	HOWEY-IN-THE-HILLS 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: 		EZRA R. WITSMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		4/29/97 (352) 324-3131 <small>Date Daytime Phone #</small>									