


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

APPROVED  
AND  
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97 AUG -7 PM 1:04

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 <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  TRIVEST ORLANDO, L.C. <del>104 HICKORY DR</del> <del>LONGWOOD FL 32779</del>	<b>DOCUMENT #</b> 196000000226
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address  104 HICKORY DR LONGWOOD FL 32779
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2. Principal Place of Business 640 DARTMOUTH STREET SUITE, APT. #, etc. ORLANDO, FL 32804 City & State Zip Country US	2a. Mailing Address 640 DARTMOUTH STREET SUITE, APT. #, etc. ORLANDO, FL 32804 City & State Zip Country US
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3. Date Organized or Qualified 02/26/1996	3a. State of Formation FL
4. FEI Number 59-3368807	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  HONEY, RICHARD N 104 HICKORY DR LONGWOOD FL 32779
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8. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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  RANDY LAZARUS DATE 8/1/97  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HONEY, RICHARD N	104 HICKORY DR	LONGWOOD FL
MGRM	LAZARUS, RANDALL C	300 WILD OLIVE LN	LONGWOOD FL
MGRM	RONCA, LOUIS G	205 HONEYSUCKLE LN	LONGWOOD FL

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\*\*\*\*588.75 \*\*\*\*588.75

G. Alan  
8/7/97

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:  2/20/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Day Date Daytime Phone #