


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILED</b> 98 APR 10 PM 11:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
<b>FILING FEE</b> \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000246	
MSD FAMILY LIMITED COMPANY 1222 DONNA DRIVE FORT MYERS FL 33919		1a. Principal Place of Business Address  1222 DONNA DRIVE FORT MYERS FL 33919	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified		3a. State of Formation	
03/04/1996		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0653098			
5. Date of Last Report		6. Certificate of Status Desired	
03/20/1997		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
PULS, JAMES M 11122 VILLAS ON THE GREEN RIVERVIEW FL 33569		Name  Street Address (P.O. Box Number is Not Acceptable) 800002488268--2 Suite, Apt. #, etc. 04/14/98--01062--012 ****188.75 ****188.75 City FL Zip Code	
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	PULS, HARRIET E. R	1605 CLOISTER DRIVE	SUN CITY CENTER FL
MGRM	PULS, JAMES M	11122 VILLAS ON THE GREEN	RIVERVIEW FL
MGRM	PULS, ROBERT R	11122 VILLAS ON THE GREEN	RIVERVIEW FL
MGRM	PULS, JOHN L JR.	11122 VILLAS ON THE GREEN	RIVERVIEW FL
11. I 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: <u>James M Puls, Member Mgr 4-8-98</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			