
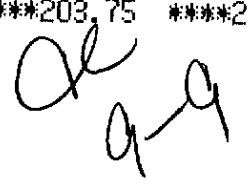


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997, If Dissolved, Minimum Amount Due To Reinstate: \$703.75

FILED

97 SEP -8 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company FLORIDA FIMO L.C. 2703 MCARTHUR WAY LEHIGH ACRES FL 33936		DOCUMENT # L96000000262	
2. Principal Place of Business 1149 Periwinkle Way Suite, Apt. #, etc. City & State Sanibel, FL 33957 Zip Country USA		1a. Principal Place of Business Address 2703-MCARTHUR-WAY- LEHIGH-ACRES-FL-33936	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/06/1996 4. Fil Number 65-0718216 5. Date of Last Report	
3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input type="checkbox"/> \$2.75 Additional Fee Required	
7. Name and Address of Current Registered Agent PETRI, KLAUS 2703 MCARTHUR WAY LEHIGH ACRES FL 33936		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 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
MGR	PETRI, KLAUS	2703 MCARTHUR WAY	LEHIGH ACRES FL
700002289337-- -09/10/97--01070--002 ****203.75 ****203.75 			
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: _____		8/25/97	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER OR MANAGER Klaus Petri			

FLORIDA FIMO, L.C.
7945 MACARTHUR BOULEVARD
SUITE 214
CABIN JOHN, MARYLAND 20818

Telephone (301)229-7727
Fax: (301)229-7739

FILED
97 SEP -8 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 3, 1997

Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314

Re: FLORIDA FIMO, L.C. - L96000000262

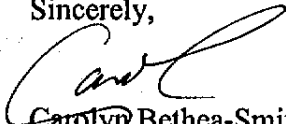
Dear Sir/Madam:

Please find enclosed Check No. 144 made payable to Florida Department of State in the amount of \$203.75 representing payment in full for the filing of the 1997 Limited Liability Company Annual Report.

As explained to your examiner, the owner of the company never received the original notice, as he was out of the country and did not know the procedures. He now understands that annually, the report is due by May 1st and that this is a one-time waiver with respect to penalties.

We appreciate your cooperation. Should you have questions please do not hesitate to contact me at (301)229-7727.

Sincerely,


Carolyn Bethea-Smith
Executive Assistant

cbs
Enclosure