



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 FEB 25 PM 12:44 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 ULEE'S GOLD, L.C. 406 N.E. 5TH AVENUE GAINESVILLE FL 32601				DOCUMENT # L96000000302 1a. Principal Place of Business Address 406 N.E. 5TH AVENUE GAINESVILLE FL 32601			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/12/1996 4. FEI Number 59-3368455 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"/> SR 75, A 14, B 1, C 1, D 1, E 1, F 1, G 1, H 1, I 1, J 1, K 1, L 1, M 1, N 1, O 1, P 1, Q 1, R 1, S 1, T 1, U 1, V 1, W 1, X 1, Y 1, Z 1	
7. Name and Address of Current Registered Agent GOWAN, SAMUEL 406 N.E. 5TH AVENUE GAINESVILLE FL 32601				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			
<p>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.</p> <p>SIGNATURE _____ (Registered Agent Accepting Appointment) DATE _____ (NOTE: Registered Agent signature required when reinstalling)</p>							
10. Title MGR		Managing Members/Managers NUNEZ-GOWAN PRODUCTION		Business Street Address 406 N.E. 5TH AVENUE		City, State and Zip Code GAINESVILLE FL	
000002098660--U -02/26/97--01071--010 *****203.75 *****203.75							
<p>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.</p> <p>SIGNATURE:  Samuel C. Gowan 2/5/97 362 818 6581</p> <p style="font-size: small; text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</p>							