Same	LIMITED LIABILITY COMPANY ANNUAL REPORT 1997  FLORIDA DEPARTMENT OF STATE Sandra B, Mortham Secretary of State DIVISION OF CORPORATIONS					FILED		
1208 S.W. 53RD STREET CAPE CORAL FL 33914  1208 S.W. 53RD STREET CAPE CORAL FL 3912 S.W. 11TH PLACE CAPE CORAL FL 3912 S.W. 11TH PLACE CAPE CORAL FL 3912 S.W. 11TH PLACE CAPE CORAL FL 3913/1/3701126018  11. Identified benefit on this environment on the real accurate and the real accurate well and the real accurate and the real accu	FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					97 MAR 10 AM 8: 46		
1208 S.W. 53RD STREET CAPE CORAL FL 33914  1208 S.W. 53RD STREET CAP	1. Name and Mailing Address of Limited Liability Company DOCUMENT #19600000311					DECELLATION STATE		
2. Mailing Address Same Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. City & State  City & State  Country To Name and Address of Current Registered Agent To Name To Name and Address of Current Registered Agent To Name Same To Name and Address of Current Registered Agent To Name Same To Name and Address of New Registered Agent To Name Same Suries Suries To Name and Address of New Registered Agent To Name Same Suries Suries Address (P.O. Box Number is Not Acceptable) Suries, Apt. #, etc City Suries, Apt. #, et	1208 S.W. 53RD STREET					1208 S.W. 53RD STREET		
Same Sulfe, Apt. 7, etc. Sulfe, Apt. 8, etc. Sulfe, Apt. 7, etc. Sulfe, Apt. 8, etc. S					correction in Block 2a.	3. Date Organiz	ed or Qualified	1 3a State of Formation
Surie, Apt. 4, 60.  City & State  Country  To Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  8. Name and Address of New Registered Agent  Name  8. Name and Address of New Registered Agent  Name  State Address (P.O. Box Number is Not Acceptable)  Stite Address (P.O. Box Number is Not Acceptable)  Stite Address (P.O. Box Number is Not Acceptable)  Stite Address (P.O. Box Number is Not Acceptable)  8. Pursuant to the provisions of Sections 608.416 and 608.508. Plorids Statutes, the above-named limited liability company submits this statement for the purpose of changing to repeated agent, or both, in the State of Floride. Such change was surinorized by effirmative votor of a majority of the members, Thereby accept the appointment as registered agent, and accept the Obligations.  SIGNATURE Address (P.O. Box Number is Not Acceptable)  10. Title Managing Members/Managers  Business Street Address  City State and Zip Code  MGRM VOSS, JOHANNA C  1208 S.W. 53RD STREET  CAPE CORAL FL  MGRM ERRY, HORST  HICHINSTRASSE 27 43043 BAD GERMANY  EIDDIDIZ 1 1 DISSIS  -03/11/97-01126-003  **********************************	<u>_</u>			_			1	
City & Siste  City & Siste  Country  Zip  Country  T. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name Same Sireet Address of New Registered Agent  Name Same Sireet Address (P.O. Box Number is Not Acceptable)  Sulfe, Apt. *, etc.  City  FL  Zip Code  8. Pursuant to the provisions of Sections 608.416 and 508.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of change its registered depend, not accept the obligations.  Signature  Managing Members/Managers  MGRM YOSS, JOHANNA C  1208 S.W. 53RD STREET  Cape CORAL FL  MGRM METER, FRED  4912 S.W. 11TH PLACE  Cape CORAL FL  MGRM METER, FRED  4912 S.W. 11TH PLACE  Cape CORAL FL  MGRM METER, FRED  4912 S.W. 11TH PLACE  Cape CORAL FL  MGRM METER, FRED  4912 S.W. 11TH PLACE  Cape CORAL FL  MGRM ERNY, HORST  FICHENSTRASSE 27 43043 BAD CERMANY  Similar Vision of the purpose of the purpose of Cape Coral FL  MGRM ERNY, HORST  FICHENSTRASSE 27 43043 BAD CERMANY  Similar Vision of the purpose of Cape Coral FL  MGRM ERNY, HORST  FICHENSTRASSE 27 43043 BAD CERMANY  Similar Vision of the purpose of Cape Coral FL  MGRM ERNY, Horst  FICHENSTRASSE 27 43043 BAD CERMANY  Similar Vision of Cape Coral FL  MGRM ERNY, Horst  FICHENSTRASSE 27 43043 BAD CERMANY  Similar Vision of Cape Coral FL  MGRM Erny, Horst  FILM of the purpose of Cape Coral FL  MGRM Erny, Horst  FILM of the purpose of Cape Coral FL  MGRM Erny, Horst  FILM of the purpose of Cape Coral FL  MGRM Erny, Horst  FILM of the purpose of Cape Coral FL  MGRM Erny, Horst  FILM of the purpose of Cape Coral FL  MGRM Erny, Horst  FILM of the purpose of Cape Coral FL  MGRM Erny, Horst  FILM of the purpose of Cape Coral FL  MGRM Erny, Horst  FILM of the purpose of Cape Coral FL  MGRM Erny Horst  FILM of the purpose of Cape Coral FL  MGRM Erny Horst  FILM of the purpose of Cape Coral FL  FILM of the purpose of Cape Coral FL  FILM of the purpose Cape Coral						4 FEI Number		
7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Pagent Agent  8. Name and Address of New Registered Specifical Section of New Registered Agent	City & State		City & State			- 65-0684927		Not Applicable
Name  Same  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  To Code  To Code  To Code  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  To	Ζίρ	Country	Zip	Cou	intry		Report	6. Certificate of Status Desired  S8.75 Additional Fee Required
Same Street Address (P.O. Box Number is Not Acceptable)  Sulfe. Apr. #, etc  City  FL  Zip Code  R. Pursuant to the provisions of Sections 608.416 and 508.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of change its registered agent, or both in the State of Florida. Such change was authorized by effirmative vote of a majority of the members. Hereby accept the appointme as registered agent, and accept the obligations.  SIGNATURE  J. J. J. J.  J. J. J. J. J. J. J. J. J. J. J. J. J. J	7. Name	and Address of Curren	Registered /	Agent		8. Name and Add	iress of New I	Registered Agent
#####203. 75  #####203. 75  #####203. 75  #####203. 75  #####203. 75  #####203. 75  #####203. 75  #####203. 75  #####203. 75  ######203. 75  ###################################	9. Pursuant to the provisits registered office or registered agent, and	sions of Sections 608.416 listered agent, or both, in the accept the obligations.	e State of Flori	da. Such change wa	City above-named limite s authorized by affirm	d liability company s ative vote of a majori	ubmits this sta ity of the memb	atement for the purpose of changing ers. I hereby accept the appointment
MGRM MEIER, FRED  4912 S.W. 11TH PLACE CAPE CORAL FL  GREMANY  EICHENSTRASSE 27 43043 BAD GERMANY  11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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 it 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 the colored control of the co	10. Title Ma					Ci	ty, State and Zip Code	
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 cath; that I am a managing member or manager of the immited 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 the content of the content o								
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SIGNATURE: Johanna C. Voss Jehanna C. Voss 2.18.97 941-945-1802	indicated on this annual r limited liability company of	eport is true and accurate or the receiver or trustee er	and that my sig	gnature shall have the xecute this report as	e same legal effect a required by Chapter	as if made under oath 608, Florida Statute	ı; that I am a m	anaging member or manager of the

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