



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	JAN 23 1997 FILED 97 APR 23 AM 11:34 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 DOCUMENT # L96000000327 AU LAC, L.C. 401 W. COLONIAL DRIVE SUITE 7 ORLANDO FL 32804		1a. Principal Place of Business Address 401 W. COLONIAL DRIVE SUITE 7 ORLANDO FL 32804	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>			
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 03/25/1996		3a. State of Formation FL	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent PARIS, DANIEL W 401 W. COLONIAL DRIVE SUITE 7 ORLANDO FL 32804		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800002158598-1 Suite, Apt. #, etc. -04/23/97-01083-007 ****208.75 ****203.75 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 _____	
<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
MGRM	DRABKIN, DAVID	401 W. COLONIAL DRIVE, SUI	ORLANDO FL
MGRM	MACARTHUR, WILLIAM H	401 W. COLONIAL DRIVE, SUI	ORLANDO FL
MGRM	PARIS, DANIEL W	401 W. COLONIAL DRIVE, SUI	ORLANDO FL
ASST SEC TREAS	ACCOUNT, ELIZABETH S	401 W. COLONIAL DR, SUITE 7	ORLANDO, FL 32804
			
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: <u>William H. MacArthur</u>		DATE: <u>4/21/97</u>	DAYTIME PHONE #: <u>(407) 425-8276</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			