
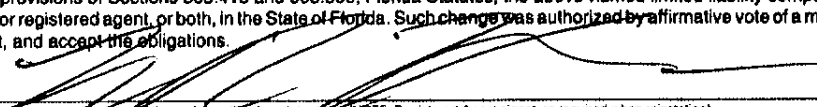
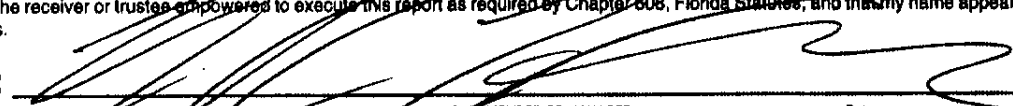


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 NOOSCOPIC, LIMITED COMPANY 1342 CENTRAL AVENUE SARASOTA FL 34236		DOCUMENT # 196000000331 1a. Principal Place of Business Address 1342 CENTRAL AVENUE SARASOTA FL 34236	
2. Principal Place of Business 15		2a. Mailing Address 156055 Road 57620 346	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SARASOTA, FL	
City & State		City & State SARASOTA, FL	
Zip		Zip 34239	
Country		Country	
3. Date Organized or Qualified 03/22/1996		3a. State of Formation FL	
4. FEI Number 65-0671814		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> SFC 75 A 100000 Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent HAGGBLOM-PAYNE, MARTIN 1342 CENTRAL AVENUE SARASOTA FL 34236		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 5-1-97 <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	HAGGBLOM-PAYNE, MARTIN	1342 CENTRAL AVENUE	SARASOTA FL
			100002195051--3 05/29/97--01084--003 ***203.75 ***203.75 DB5-27-97
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:  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> Date 5-1-97 <small>Daytime Phone #</small>			