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

FILING FEE S 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SAME	LIMITED LIABILITY COMPANY ANNUAL REPORT	Sandra B.	TMENT OF STATE	FIL		,
ALIAPHOSEE, FLORIDA TALLAPHOSEE, FLORIDA DEPARTMENT OF STATE TALLAPHOSEE, FLORIDA	1997	DIVISION OF CO	ORPORATIONS	J		
TRIDON L.C. 3627 N. HILLSBORD BLVD. DERRETELD BEACH FI 33442 If above nearly address a formet in early way, line Bresuph Internetion and entire correction in Blook 2a. 2 Promotosi Place of Beniness 2 a. Malling Address 2 Boy 262 2 Promotosi Place of Beniness 2 a. Malling Address 2 Boy 262 3 . Date Organized or Cualified Sa. State of Formation 3/25/1996 1. The Market DR. South Agt 8, etc. Cry & State CARD. SREAMS 7. Name and Address of Current Registered Agent Name 8. Name and Address of New Registered Agent Name 930.1 SW 94TH PI. 41 ANT FI. 33.176 8. Name and Address of New Registered Agent Name 94 ANT FI. 33.176 95 Places and State Desired State Desired in registered Agent Name 10. Places and Address of New Registered Agent Name 95 Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 10. Places and Address of New Registered Agent Name 11. I Ich hereby certify that the information supplied with this ling does not qualify for the exemption stated in Section 118.07(5) (), Florida Statutes. Hurther certify that the information and Address of New Registered Agent 11. I Ich hereby certify that the information and Address of New Registered Agent 11. Ich hereby certify that the information and Agent Places and Agent Places and Agent Places and Agent	\$ 203.75 Make Check Payable	To: FLORIDA DEPARTMI	ENT OF STATE	SECHETARY TALLAHASSE	/ OF STATE E., FLORIDA	, /
2 Principal Place of Business 3289 COURT. CARRE DR. Suite, Apr. F., etc. Suite, Apr. F., etc. Suite, Apr. F., etc. Suite, Apr. F., etc. City & State CAROL SRENDS FC. Coconut CARRE DR. Suite, Apr. F., etc. City & State CAROL SRENDS FC. Coconut CARRE DR. To Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent RONDON, SHELDON M BOOL SREDDON M BOOL SREDDON M Street Address (F.O. Box Number is Not Acceptable) Street Address (F.O. B	TRIDON L.C. 3527 W. HILLSBORO I DEERFIELD BEACH FL	3527 W. HILLSBORO BLVD.				
City & State CAROL SREAMS FLOORY A State CAROL SREAMS FLOORY A STATE COUNTY A STATE COUNTY AS THE CONTROL OF THE STATE AND ADDRESS FOR A STATE OF THE STATE AND	2 Principal Place of Business 3287 CORR LAKE DR	2a. Mailing Address Box 262	ng Address DX 262_			
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent ICONDON, SIZELDON M 9301 SW 94TH PI., 97.AMI FI. 333.76 Sulle, Apt. #, etc. 104.23/97—01085—015 City 105. Tele Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, etc. 104.23/97—01085—015 City 105. Tele Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, etc. 106. Tele Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, etc. 107. Tele Agent Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, etc. 107. Tele Agent Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, etc. 107. Tele Agent Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, etc. 108. 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 agent, and accept hydrographs. And the purpose of particular as registered agent, and accept hydrographs. And the purpose of particular as registered agent, and accept hydrographs. And the purpose of particular as registered agent, and accept hydrographs. And the purpose of particular as registered agent, and accept the appointment as registered agent. And acceptable agent agent agent, and accept the appointment as registered agent. And acceptable agent	City & State COROL SPRINGS FOR	City & State COCONUT CA		65 - 064	orl 6	Not Applicable
Name Name	33065 USA	33097	""'VSA	SINCE INCOM	RP.	Zs Additional Fee Required
10. Title Managing Members/Managers Business Street Address City, State and Zip Code 3287 CORAL LANCE DR. CORAL SRCINGS, R. 33 0 6 5 MGRM WILSON, DONN R 433442 DOWN BAY DR. #334442 DOWN RATER TY THOUSE PROPRIED AND THE PROPRIED AND THE PROPRIED AND THE PROPRESSION OF THE PRO	9301. SW 94TH PI. MIAMI FI. 331.76 9. Pursuant to the provisions of Sections 608.416 its registered office or registered agent of both, in the as registered agent, and accept the obligations.	Sulte, Apt. #, etc	Sulte, Apt. #, etc04/29/9701085015 City ####203.75 FL Dove-named limited liability company submits this statement for the purpose of changing			
MILSON, DONN R 3287 CORM LANKE DR. CORM-SPRINTS, F2. 33065 921 TOWN DAY DR. #33442 DON RATER TO BLOOMING TER: 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 signs (file 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 trystee 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.	(Register d Agont Accepting			ng)		
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.	MGRM WILSON, DONN R	3287 COF #921 TOWN	AL LANCE	DR . C.	GALSPRIN	ध, हि 33065 • FL
	indicated on this annual report is true and accurate limited liability company or the receiver or trustee attachment with an address.	and that my signature shall have t	the same legal effect as	s if made under oath; tha	at I am a managin nd that my name s	g member or manager of the appears in Block 10, or on an

Daytime Phone #

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