


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 SEP -6 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000431

OAKS OF WEST MELBOURNE L.C.
~~129 W. HIBISCUS BLVD., #A~~
~~MELBOURNE FL~~

1a. Principal Place of Business Address

129 W. HIBISCUS BLVD., #A
MELBOURNE FL

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
INDIAN LANTIC		FLORIDA	
Zip	Country	Zip	Country
32903	BREVARD	32903	USA

3. Date Organized or Qualified	3a. State of Formation
04/16/1996	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
N/A	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

BOOZER, FRED D JR.
~~129 W. HIBISCUS BLVD., #A~~
~~MELBOURNE FL~~

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1010 SOUTH MAGNOLIA DRIVE
Suite, Apt. #, etc.
INDIAN LANTIC
City
FL Zip Code
32903

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 8/28/97
(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	BRAICH, ANGELA C	129 W. HIBISCUS BLVD., #A	MELBOURNE FL
MEM	BOOZER, FRED D JR.	129 W. HIBISCUS BLVD., #A	MELBOURNE FL
MEM	BOOZER, JAMES H II	129 W. HIBISCUS BLVD., #A	MELBOURNE FL
MEM	BOOZER, OTTO S	129 W. HIBISCUS BLVD., #A	MELBOURNE FL

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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: _____ DATE 8/29/97 407-724-9999