


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 MAY -5 AM 7:45  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> <b>\$ 203.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>S.B.W. OF VOLUSIA COUNTY, I.C. 530 SANDY OAKS BLVD. ORMOND BEACH FL 32174</b>		<b>DOCUMENT #L96000000435</b>  1a. Principal Place of Business Address  <b>530 SANDY OAKS BLVD. ORMOND BEACH FL 32174</b>			
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 <b>04/16/1996</b> 3a. State of Formation <b>FL</b> 4. FET Number <b>59-3372871</b> 5. Date of Last Report <b>N/A</b> 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> SS Fee Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>BARSHAY, RAYMOND 530 SANDY OAKS BLVD. ORMOND BEACH FL 32174</b>		8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. <b>500002176495-1</b> <b>-05/13/97--01061--020</b> <b>****203.75 ****203.75</b> City <b>FL</b> 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BARSHAY, RAYMOND	530 SANDY OAKS BLVD.		ORMOND BEACH FL	
MGRM	GUSTI SPRENG ENTERPRIS	2890 MALIBU COURT		DAYTONA BEACH FL	
MGRM	WIGGINS, WILLIAM J	2757 SPRUCE CREEK BLVD.		DAYTONA BEACH FL	
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: <i>Raymond Barshay</i>		4/30/97		904-677-7317	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	