



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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$237.75		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>FROM LITTLE ACORNS, L.C. C/O ALAN PRESCOTT 234 WILLARD ST COCOA FL 32922</b>		<b>DOCUMENT #L96000000523</b>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address  <b>C/O ALAN PRESCOTT 234 WILLARD ST COCOA FL 32922</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		3a. State of Formation	
05/10/1996		FL	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3406571.		<input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>MARKEY, KEVIN P 410 W MERRITT AVE MERRITT ISLAND FL 32954</b>		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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	HAMI, L.C.	1316 SEQUOIA PL	ROCKLEDGE FL
MEM	JOLLY GOOD ENTERPRISES	C/O ALAN PRESCOTT, 234 WIL	COCOA FL
			700002184027--0 -05/19/97--01187--021 ****203.75 ****203.75  JB5B-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: 		M.A. PRESCOTT 4-21-97. 407 638 4004.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	