



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		FILED 97 MAY -1 PM 2: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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		DOCUMENT #L96000000615			
RELOCATION INVESTMENTS, L.C. 5060 HARMONY CIRCLE #B205 VERO BEACH FL 32967		5060 HARMONY CIRCLE #B205 VERO BEACH FL 32967			
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		3. Date Organized or Qualified	
5225 E. HARBOR YAG DR. Suite, Apt. #, etc. 303 City & State VERO BEACH FL Zip 32967 Country USA		305 BEACHLAND BLVD Suite, Apt. #, etc. STE #1-215 City & State VERO BEACH FL Zip 32963 Country USA		06/04/1996 FL	
				4. FEI Number 65-0675821 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> No Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
SCOTT SHEILA 5060 HARMONY CIRCLE #B205 VERO BEACH FL 32967 305 Beachland Blvd, Ste #1-215 VERO BEACH, FL 32963			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 <u>Sheila P. Scott</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			DATE <u>4/11/97</u>		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	PLAYFORD, GILBERT E	4773S NEWPORT ISLAND DR		VERO BEACH FL	
MGR	MCARTHUR, ARDIS	200 CONSUMERS ROAD		ONTARIO CA	
800002163668--9 -05/07/97--01075--014 ****203.75 ****203.75 					
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: <u>SE Playford</u>		4/11/97		504-2480	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	