


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 14 AM 11:37 mtm 4/15	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>RELOCATION INVESTMENTS, L.C. 505 BEACHLAND BLVD. SUITE 1-215 VERO BEACH FL 32963</b>		DOCUMENT # L96000000615		1a. Principal Place of Business Address <b>5225 E. HARBOR VILLAGE DRIVE #303 VERO BEACH FL 32967</b>	
2. Principal Place of Business <b>2900 CARDINAL DR Suite, Apt. #, etc.</b>		2a. Mailing Address <b>505 BEACHLAND BLVD Suite, Apt. #, etc. STE # 1-215</b>		3. Date Organized or Qualified <b>06/04/1996</b>	
City & State <b>VERO BEACH, FL</b>		City & State <b>VERO BEACH, FL</b>		3a. State of Formation <b>FL</b>	
Zip <b>32963</b>		Zip <b>32963</b>		4. FEI Number <b>65-0675821</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Date of Last Report <b>05/01/1997</b>	
7. Name and Address of Current Registered Agent <b>SCOTT, SHEILA 505 BEACHLAND BLVD., SUITE 1-215 VERO BEACH FL 32963</b>		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required			
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 <u>Sheila C. Scott</u> DATE <u>3/13/98</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	PLAYFORD, GILBERT E	<del>5200 ST ANDREWS ISLAND DR</del> <del>47736 NEWPORT ISLAND DR</del>		VERO BEACH FL	
MGR	MCARTHUR, ARDIS	200 CONSUMERS ROAD		ONTARIO CA	
MGR	TONER, JOHN	4870 COVENTRY COURT		VERO BEACH, FL	
				900002491279---3 -04/16/98--01114--011 ****188.75 ****188.75	

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: JOHN A. TONER JA 3-13-98 561-234-9205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #