


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 SEP -2 AM 11:55	
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					
1. Name and Mailing Address of Limited Liability Company D.A.G.H., L.C. 12500 HUNTERS RIDGE DRIVE BONITA SPRINGS FL 34135				DOCUMENT # L96000000790			
1a. Principal Place of Business Address 12500 HUNTERS RIDGE DRIVE BONITA SPRINGS FL 34135							
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.							
2. Principal Place of Business "SAME"		2a. Mailing Address		3. Date Organized or Qualified 08/01/1996		3a. State of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0681173		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
Zip		Country		Zip		Country	
7. Name and Address of Current Registered Agent HUPRICH, DONALD G 12500 HUNTERS RIDGE DRIVE BONITA SPRINGS FL 34135				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 _____				DATE _____			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MEM	FOWLER, GAYNELL	12500 HUNTERS RIDGE DRIVE		BONITA SPRINGS FL 34135			
MEM	HUPRICH, DONALD G	12500 HUNTERS RIDGE DRIVE		BONITA SPRINGS FL 34135			
MEM	MOORE, ALFRED	12500 HUNTERS RIDGE DRIVE		BONITA SPRINGS FL 34135			
MEM	STREET, H A	12500 HUNTERS RIDGE DRIVE		BONITA SPRINGS FL 34135			
				800002285188-7 -09/04/97--01099--017 *****588.75 *****588.75 KWM			
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:		Donald G. Huprich		8-29-97		941-992-4900	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER							
Date Daytime Phone #							